POPULATION SERVICE INTERNATIONAL
SOCIAL MARKETING CHILD SURVIVAL VII PROJECT
MIDTERM EVALUATION

December 1993

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<tr>
<td>AIDS</td>
<td>Acquired Immuno-Deficiency Syndrome</td>
</tr>
<tr>
<td>AIDSCAP</td>
<td>USAID funded AIDS control contract</td>
</tr>
<tr>
<td>AR1</td>
<td>Acute Respiratory Infection</td>
</tr>
<tr>
<td>CAMNAFOW</td>
<td>Local non-governmental organization</td>
</tr>
<tr>
<td>CIAME</td>
<td>Centre Interim de l’Achat des Medicaments Essentiels</td>
</tr>
<tr>
<td>cs7</td>
<td>Child Survival 7</td>
</tr>
<tr>
<td>CSMP</td>
<td>Condom Social Marketing Project</td>
</tr>
<tr>
<td>CYP</td>
<td>Couple Year of Protection</td>
</tr>
<tr>
<td>GOC</td>
<td>Government of Cameroon</td>
</tr>
<tr>
<td>csw</td>
<td>Commercial Sex Workers</td>
</tr>
<tr>
<td>GTZ</td>
<td>German Cooperation</td>
</tr>
<tr>
<td>HPN</td>
<td>Health/Population/Nutrition</td>
</tr>
<tr>
<td>KAP</td>
<td>Knowledge/Attitude/Practice</td>
</tr>
<tr>
<td>MCH</td>
<td>Maternal and Child Health</td>
</tr>
<tr>
<td>MOH</td>
<td>Ministry of Health</td>
</tr>
<tr>
<td>NACP</td>
<td>National AIDS Control Program</td>
</tr>
<tr>
<td>NGO</td>
<td>Non Governmental Organization</td>
</tr>
<tr>
<td>oc</td>
<td>Oral Contraceptives</td>
</tr>
<tr>
<td>PSI</td>
<td>Population Service International</td>
</tr>
<tr>
<td>PVO</td>
<td>Private Voluntary Organization</td>
</tr>
<tr>
<td>PVC</td>
<td>Private Voluntary Collaboration</td>
</tr>
<tr>
<td>STD</td>
<td>Sexually Transmitted Diseases</td>
</tr>
<tr>
<td>SWAA</td>
<td>Local non-governmental organization</td>
</tr>
<tr>
<td>USAID</td>
<td>United States Agency for International Development</td>
</tr>
</tbody>
</table>
EXECUTIVE SUMMARY

Population Service International began implementing the three year Child Survival VII Project in October 1991. The project goal is to contribute an essential component to the current MOH strategy for improving child survival in Cameroon through the social marketing of a packaged ORS product and of contraceptives for birth spacing.

The project's mid term evaluation was carried out in December 1993 to examine the project's progress towards achieving the objectives. The methodology included: (a) Structured interviews with key members of MOH, USAID, PVOs, and other collaborating organizations, (b) Focus Group discussions with pharmacists, and retailers, (c) Project Document Review, (d) Project information system review, and (d) Results of studies/surveys carried out by the project.

The evaluation team consisted of (1) an outside consultant (Team Leader), (2) a MOH Child Survival Specialist, (3) PSI Country Representative, and (4) PSI/CAM Research Specialist. The evaluation, including report writing took three weeks. The team leader is the author of the evaluation report.

The evaluation team concluded that the project is progressing towards achieving the stated goal. The delays caused by the MOH and USAID/Washington in licensing PSI to distribute their ORS (Biosel) and oral contraceptives (Novelle) are the major factors that may prevent the achievement of the targets by end of the grant.

Key recommendations are: (1) Increase distribution of the products through the public sector, (2) Promote access to the rural population through increased collaboration with local/international PVOs, (3) Establish a comprehensive project tracking system, (4) Evaluate the design and implementation of each promotional campaign, and carry out promotional activities in collaboration with pharmacies in communities and in neighborhoods, (5) Implement formal training/workshops for wholesalers, pharmacists and retailers if possible, (6) Create a national NGO to assume project activities once CS funding ends, (7) Carry out a specific study to examine the project's impact at the consumer level and assess the effectiveness of the project's marketing strategies.

USAID/PVC has made a wise decision in accepting to fund this project. Tested concepts and strategies open up new horizons for the child survival program. Since the CS program guidelines were developed for community based activities, most of them do not apply to a national social marketing strategy. Therefore, USAID needs to be flexible with this project to allow for creative and innovative ideas to be tested.
RECOMMENDATIONS

1. Public Sector Distribution:
   * The project needs to actively pursue the distribution of its products through the public sector. The MOH hospitals and health centers network is extensive and reaches a large segment of the population. Availability of the products at this level will increase accessibility and demonstrate that the Ministry is supporting its use. Since cost recovery is a government policy, the pricing and sale of these products will not be major issues.

   * The establishment of this kind of relationship with the MOH will lead to a transfer of skills; a key project purpose. The MOH may not have the mandate to carry out social marketing programs, but key decision makers, if oriented to the approach, could contract local businesses to use social marketing as a mean to achieve/support an MOH program.

   * The Project-MOH joint collaboration is effective. A way to enhance mutual learning and sharing of experiences between the two, is to organize joint events/activities such as launching Novelle. This will provide greater support to the promoted product.

2. Increase Access of the Rural Population:
   * The project needs to increase its collaboration with local/international PVOs in order to increase the access of the rural population to the products. Also, as mentioned in recommendation #1, increasing the use of the MOH distribution network and supply systems (CIAME) will allow the products to be more available in the rural areas. CIAME = Centre Interim de l’Achat des Medicaments Essentiels

3. Project Tracking System:
   (The current system tracks numbers of condom distribution and sale by wholesalers - Information is scattered and needs to be consolidated)

   * The project needs to develop a tracking (monitoring) system to include:
     a. Feedback from users through interviews/focus groups discussions at sentinel sites.
     b. Formal feedback from retailers (currently done informally)
     C. Results of studies/surveys that are already implemented by PSI/CAM research unit, especially the ones which measure impact indicators.
     d. Wholesalers condom inventories per month

Most of this data has already been collected informally and discussed during staff meetings. The consolidation in a
single system will permit the project's senior staff to assess progress towards achieving objectives.

4. Promotional Activities:
The project needs to:
  * Evaluate the design and implementation of each promotional campaign. It also needs to evaluate the effect of each promotional product. This effort is important to consolidate lessons learned.
  * Increase promotional activities in collaboration with pharmacies in communities and in neighborhoods. This is of particular significance in high risk areas.

5. Training:
  * Although, there is an underlying assumption that most people will know how to use condoms with simple demonstration and inserts, this is not true for oral contraceptives and ORS. Therefore the project needs to implement formal training/workshops to wholesalers, pharmacists and retailers if possible. The project may want to allocate a small amount of funds to provide meetings with wholesalers and retailers to share problems, solutions, options, and lessons learned.

6. Creation of a National NGO:
  * The project planned rightfully to create a national NGO to assume project activities once CS funding ends. This is of significant importance because the government cannot carry out social marketing activities. The process of reaching that target needs to start at once, if a viable transfer would occur September 1994.

7. Project Impact:
The project needs to
  * Carry out a specific study to examine the project's impact at the consumer level. This could be implemented at least six months after launching Biosel and Novelle.
  * Assess the project's marketing strategies and how to orient it for better distribution of the products.

8. USAID/PVC support to social marketing project:
  * USAID/PVC has made a wise decision in accepting to fund this project. Tested concepts and strategies open up new horizons for the child survival program. Since the CS program guidelines were developed for community based activities, most of them do not apply to a national social marketing strategy. Therefore, USAID needs to be flexible with this project to allow for creative and innovative ideas to be tested. This will also allow staff energy to be used in developing and experimenting with new ideas rather than wasting it on frustration. PSI, also, needs to be sensitive to the PVC CS program, guidelines and try to work with the John Hopkins Child Survival Support Program to determine mutually agreed upon parameters to measure performance.
INTRODUCTION

Population Service International (PSI) began working in Cameroon in April 1989 by conducting a market and feasibility study for a Condom Social Marketing Program (CSMP). In less than six months after the initial study, CSMP launched "PRUDENCE" condoms in Douala and Yaoude. A PSI/Cameroon mandate then formed to help fight AIDS in the country. Because of limited funding, CSMP was only able to extend its interventions to one new urban area (Maroua).

The three year Child Survival VII Project funded in October 1991, provided PSI with an opportunity to expand its area of operation to include seven new urban and peri-urban areas, and extend its mandate to include: 1) increasing the proportion of children under five who are given ORT during diarrheal episodes, and 2) increasing the contraceptive prevalence rate.

A mid term evaluation was carried out in December 1993 to examine the project's progress towards achieving the objectives. The evaluation report is as follows:

BACKGROUND

The government of Cameroon developed in the late 80's a primary health care strategy that follows the Bamako Initiative. The strategy addresses issues of health financing and uses cost recovery as a mean to accentuate the impact of government investment in health. The strategy, also encourages private sector participation. PSI, being a key partner to the MOH, is contributing an essential component to this strategy for improving child survival in Cameroon through the social marketing of a package ORS product and of contraceptives for birth spacing.

The project is implemented in ten urban and peri-urban communities of the country estimated total population of 11.1 million. The project target population is 2 million children under five years of age. This represents 43% of the country population. But because the distribution of the products is carried out by a network of private sector retailers, the project can be considered as a national program. PSI is collaborating with at least one wholesaler in each of the countries ten most populated urban centers: Douala, Yaounde, Garoua, Maroua, Bamenda, Bafoussam, Nkongsamba, Ngaoundere, Kumba, and Loum.

The project goal is to contribute an essential component to the current MOH strategy for improving child survival in Cameroon through the social marketing of a packaged ORS product and contraceptives for birth spacing. The objectives are 1) increasing the proportion of children
under 5 who are given ORT during diarrheal episodes, and 2) increasing the contraceptive prevalence rate.

The approach used by the project is to improve child health status by (1) increasing the availability, affordability, and use of essential health products; mainly through packaged ORS, condoms, and oral contraceptives, and their related services, and (2) motivating changes in behavior leading to improved child health practices. Delivery of products and services will be through the existing infrastructure and systems of the private sector.

The project serves as an efficient supplier of essential products throughout the country and is a partner with other CS program implementing agencies in the development and distribution of educational and motivational materials. The two major interventions are (1) Diarrhea Disease Management, and (2) Birth Spacing. This is carried out through the promotion and distribution of the following products: 1. Biosel (Oral Rehydration Package) 2. Novelle (Oral Contraceptive) 3. Prudence (Condom) 4. Promesse (Condom)

EVALUATION DESIGN

A. Methodology

The scope of work for this evaluation (Appendix A) guided the design of its methodology. The following tactics were used to assess the progress of the PSI social marketing child survival project towards meeting its objectives. Before the team developed the evaluation tools for each of its techniques, a long list of process and impact indicators was developed.

a. Structured Interviews
The evaluation team interviewed key members of MOH, USAID, PVOS, and other organizations, who were knowledgeable about the implementation of the project. A detailed list of persons interviewed can be found in Appendix F. The evaluation team developed a questionnaire to help guide the discussions. The reference for the questions were the evaluation scope of work, the project proposal and the detailed implementation plan.

b. Focus Group Discussions
A number of focus group discussions were held with pharmacists, and retailers to solicit information on project performance at the consumer level.(Appendix I & J)

c. Project Documents Review
Data and information about the activities of the project and the level of achievement of its objectives were collected from various project documents. (Appendix B)

d. Results of Studies/Surveys
The project undertook a number of surveys and studies during the last two years. Relevant and recent data from these studies and surveys were used when warranted to satisfy evaluation indicators.

e. Project Information System
The project developed a comprehensive information system to track sales and distribution of products. Data originated from the system were used to report on a number of indicators. (Appendix G)

B. Evaluation tools:

1. Lists of planned versus achieved project outputs

2. Questionnaires for individuals involved in:
   1. overall project oversight and support
   2. project planning and implementation
   3. distribution of products to beneficiaries
   4. dissemination of promotional messages
   5. promoting collaboration with respective institutions

C. Evaluation Team:

1. Ahmed Zayan Consultant (Team Leader)
2. MBaniKO MOH Child Survival Specialist
3. Terry Gruber PSI Country Rep/PSI Tech. Advisor
4. Foyet Leger PSI/CAM Director Communication/Research
I. General Programmatic Issues

a) Accomplishments

Q. Has the project accomplished the goals established for the first 18 months as outlined by the project paper.

R. Based on a review of project documents and interviews with staff, MOH key decision makers, and heads of collaborating agencies; the evaluation team concluded that the project is progressing towards achieving the stated goal.

The delays caused by the MOH/Pharmaceuticals Regulatory Committee and USAID/Washington in licensing PSI to distribute their oral rehydration salts (Biosel) and oral contraceptives (Novelle) are the major factors that may prevent the project from achieving its target by the end of the grant. The applications to license the oral contraceptive "Novelle" and the Oral Rehydration Salt package "Biosel" was submitted to the MOH. The resident advisor is proceeding with an intensive lobbying process to ensure of its approval during the next meeting of the pharmaceutical regulatory committee scheduled for December 22, 1993. USAID/Washington has granted its approval for the distribution of Biosel on December 3, 1993.

Because the delays in licensing Biosel and Novelle, some of the indicators that should have been used to measure project progress towards achieving its targets will not apply.

Q. The evaluator will review and analyze project accomplishments to date

R. Targets for condom distributions have been achieved. Since the project starting date, October 1991, PSI/Cameroon was able to distribute 10,796,486 condoms. Distribution channels for all the products are well established. Promotional materials for Novelle and Biosel have been designed and printed. If the MOH releases the license on December 22, 1993, the next scheduled meeting for the regulatory committee, PSI will be able to launch both products by the end of January, 1994. The number of Biosel and Novelle that could be distributed by the end of the project (September 30, 1994) can be projected at 600,000 and 65,000 respectively. This represents 8.24% of the target for Biosel and 7.14% for Novelle.
The project zone is the ten most populated cities of Cameroon. All are urban or semi urban. Because all pharmacies around the country distribute condoms, the project considers itself to be inclusive to all cities.

The distribution network for the condom Promesse consists of seven pharmaceutical wholesalers located in Douala and Yaoude. This distribution network includes all the pharmacies in the country. The project's ORS packets (Biosel) and oral contraceptives (Novelle) will be distributed through the same established network.

The condom Prudence has 23 wholesalers, two in each of the seven provinces and nine are in Douala and Yaoude. They sell to any retailers who request the product. The condom Promesse is targeted to child spacing. It was created because Prudence was stigmatized as being associated with STDs and AIDS.

Conclusion: Significant progress has been made to implement project activities as described in the proposal and the detailed implementation plan. The delays caused by the MOH and USAID/Washington in licensing PSI to distribute Biosel and Novelle are the major factors that may prevent the achievement of project objectives. Once released, PSI will be ready to launch them quickly because the distribution systems are already established.

b) Relevance to Child Survival Problems

Q. What are the major causes of child mortality and morbidity in the project area?

R. A recent study "Enquête Demographique et de Sante - 1991" shows that diarrhea is the second most common cause of death among children under five. Other common causes of child mortality in Cameroon are malaria, measles, ARI, and malnutrition. AIDS was also cited as an important cause of infant mortality. According to the Director of the National AIDS Control Program (NACP), 5% of all diagnosed AIDS cases are for children under five.

The same study states that 66.4% of women of child bearing age know at least one modern method of contraception; but only 4.2% are using one. It also states that the average number of children per women aged 15-49 is 5.82. This high fertility rate is an important cause of maternal mortality and malnutrition. Both are considered underlying causes of child death.
Q. Do the project's interventions address these issues?

Yes, the project addresses two health problems linked to the increased infant mortality in Cameroon; (1) diarrheal diseases and (2) increased fertility rate.

Pharmacists play a key role in the treatment of common childhood diseases. An increasing number of mothers and other caregivers are seeking the advise of pharmacists when their children are sick. This is primarily due to the inability of many families to afford the cost of a doctor's visit. Therefore, the close collaboration between the project and the private sector pharmacies is an important element in reducing infant and child mortality.

Family Planning is considered by the Government of Cameroon (GOC) as a child survival intervention. Child spacing is critical in reducing maternal mortality and infant malnutrition. The MCH and Mental Health Division addresses the issue of family planning by discussing it in the context of "Responsible Parenthood". Responsible parents should not have children that they cannot support.

Conclusion: The project addresses two common causes of infant mortality in Cameroon.

C) Effectiveness

Q. What is the relationships between accomplishments for this period and objectives for this period?

R. The project has accomplished the objective for increasing the contraceptive prevalence in the target population through condom distribution. Because the project did not distribute Biosel, progress towards achieving the diarrhea objective cannot be measured directly at this time.

The following table represents a comparison between project accomplishments against stated targets:

Project Objectives:

<table>
<thead>
<tr>
<th>INDICATORS</th>
<th>TARGET BY YEAR TWO</th>
<th>ACHIEVED BY YEAR TWO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proportion of children under 5 who are given ORT during the last diarrheal episode</td>
<td>35%</td>
<td>48%*</td>
</tr>
<tr>
<td>Contraceptive Prevalence Rate</td>
<td>6%</td>
<td>19.3%**</td>
</tr>
</tbody>
</table>
Data is from a baseline survey conducted by PSI/Cameroon in November 1993. A random sample size of 559 women 15-49 years old with children under 5 living in four large urban centers were interviewed. Because the survey was carried out two months ago, its data remains valid to satisfy the midterm evaluation indicators.

The contraceptive prevalence rate is 6.3% for condoms and 10.6% for oral contraceptives.

Q. Has there been sufficient progress in meeting stated objectives and yearly targets?

R. The project has made sufficient progress in meeting stated objectives and yearly targets. Some targets have not been met because of exogenous constraints as described above; section I. (a) Accomplishments. The evaluation team used project outputs and activities as outlined in the proposal to measure progress towards achieving objectives. The following tables compare achievements against stated targets by year two of the project.

I. Project Outputs - Distribution and Sales

<table>
<thead>
<tr>
<th>INDICATORS</th>
<th>TARGET BY YEARTWO</th>
<th>ACHIEVED BY YEAR TWO</th>
</tr>
</thead>
<tbody>
<tr>
<td># of ORS package distributed</td>
<td>4,400,000</td>
<td>None</td>
</tr>
<tr>
<td># of packaged ORS in storage</td>
<td></td>
<td>486,128</td>
</tr>
<tr>
<td># of Oral Contraceptives (OC) cycles</td>
<td>550,000</td>
<td>None</td>
</tr>
<tr>
<td>cycles distributed</td>
<td></td>
<td>199,400</td>
</tr>
<tr>
<td># of OC cycles in storage</td>
<td></td>
<td></td>
</tr>
<tr>
<td># of condoms in storage</td>
<td>8,500,000</td>
<td>6,790,796</td>
</tr>
<tr>
<td># of condoms distributed</td>
<td></td>
<td>10,796,486</td>
</tr>
<tr>
<td># of condoms sold</td>
<td></td>
<td>10,277,260</td>
</tr>
<tr>
<td># of Prudence in storage</td>
<td></td>
<td>5,458,220</td>
</tr>
<tr>
<td># of Prudence distributed</td>
<td></td>
<td>10,416,566</td>
</tr>
<tr>
<td># of Prudence sold</td>
<td></td>
<td>9,990,460</td>
</tr>
<tr>
<td># of Promesse in storage</td>
<td></td>
<td>1,332,576</td>
</tr>
<tr>
<td># of Promesse distributed</td>
<td></td>
<td>379,920</td>
</tr>
<tr>
<td># of Promesse sold</td>
<td></td>
<td>286,800</td>
</tr>
<tr>
<td># of condoms sold to NGOs</td>
<td></td>
<td>2,154,240*</td>
</tr>
<tr>
<td># of condoms sold in MOH pharmacies and</td>
<td></td>
<td>None</td>
</tr>
<tr>
<td>outlets</td>
<td></td>
<td></td>
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</tbody>
</table>

*90% of these condoms were distributed by commercial sex workers through the support of the AIDSCAP project; 10% were distributed by GTZ.
Notes:
- The number of pharmaceutical wholesalers (for Promesse) is nine. The number of pharmacies selling Promesse is 289.

- The project analyses sale figures to monitor the level of purchase per region, per wholesaler, and per month on a continuous basis. One study, carried out by the project, assessed the level of condom use among university students.

- The project measures the volume of sales by city, type of outlet, season, and timing in relation to promotional campaigns. A photocopy of the form used to track sales per wholesalers is attached. (Appendix G) It includes the name and address of the wholesaler, the product, date of transaction, value of the amount requested, amount paid, and the balance.

- The estimated number of outlets excluding pharmacies is 6000 to 7000. The use of the informal pharmaceutical sector in the distribution and sales of condoms is a creative approach used by the project to increase accessibility.

- The number of pharmacies distributing "Prudence" is 35, and the number of pharmacies distributing "Promesse" is 289.

- The project is ready to launch Novelle and Biosel once the license is issued. Packaging of both products has been completed, pharmaceutic wholesalers have been identified, market research has been completed, and promotional materials have been printed. The project has also identified the MOH distribution network to public pharmacies and health facilities. The close collaboration with the MOH will insure that these networks will be used in the distribution of the products.
ÉVOLUTION DES VENTES DES CONDOMS PMSC
d'Octobre 1989 à Octobre 1993

Ventes annuelles
(Millions)

Années


721856 1958112 3004800 5002280 5566320
## Project Outputs - Promotion and Advertising

<table>
<thead>
<tr>
<th>INDICATORS</th>
<th>TARGET BY YEAR TWO</th>
<th>ACHIEVED BY YEAR TWO</th>
</tr>
</thead>
<tbody>
<tr>
<td># of pamphlets developed</td>
<td></td>
<td>1,448,500</td>
</tr>
<tr>
<td># of pamphlets produced</td>
<td>50,000 by Y3</td>
<td>1,448,500</td>
</tr>
<tr>
<td># of pamphlets distributed*</td>
<td></td>
<td>515,000</td>
</tr>
<tr>
<td># of posters developed</td>
<td></td>
<td>30,000</td>
</tr>
<tr>
<td># of posters produced</td>
<td>20,000 by Y3</td>
<td>30,000</td>
</tr>
<tr>
<td># of posters distributed*</td>
<td></td>
<td>20,000</td>
</tr>
<tr>
<td># of radio spots developed</td>
<td>9 per year</td>
<td>6</td>
</tr>
<tr>
<td># of radio spots produced</td>
<td></td>
<td>6</td>
</tr>
<tr>
<td># of radio spots aired*</td>
<td>120 per year</td>
<td>91</td>
</tr>
<tr>
<td># of press adv. developed</td>
<td></td>
<td>6</td>
</tr>
<tr>
<td># of press adv. produced</td>
<td>6 per year</td>
<td>6</td>
</tr>
<tr>
<td># of press adv. distributed*</td>
<td>per product</td>
<td>6</td>
</tr>
<tr>
<td># of Point of Purchase (POP) mater. developed (by category)</td>
<td>Value at</td>
<td>($39,000)</td>
</tr>
<tr>
<td># of POP materials produced</td>
<td>$70,000</td>
<td>50,269</td>
</tr>
<tr>
<td># of POP mater. distributed</td>
<td>LOP</td>
<td>23,299</td>
</tr>
<tr>
<td># of promotional office visits to physicians and pharmacists</td>
<td></td>
<td>2,136/year</td>
</tr>
<tr>
<td># of pretesting carried out for materials/messages</td>
<td>Not all materials were tested</td>
<td>7</td>
</tr>
<tr>
<td># of media campaign that educate the public on condom use</td>
<td></td>
<td>3**</td>
</tr>
<tr>
<td># of consumer research evaluating effectiveness of promotional materials and market strategies</td>
<td></td>
<td>1***</td>
</tr>
</tbody>
</table>

* Only for condoms

** Media campaign included three documentaries and two talk shows aired on the national television network

*** A second study protocol for evaluating the effectiveness of promotional materials among consumers and to assess project market strategies has been developed but has not been implemented yet. The protocol includes issues such as why people are motivated to buy condoms, how and when they use them, what color and pricing system is most suitable, etc.
Notes:
- When materials for messages or marketing are developed, the PSI/Cam marketing unit can develop several proposals that will be tested by PSI/Cam research unit. Once the best options for colors, writing, and pictures are identified, the marketing unit can develop the final format and print it for distribution. No further testing is conducted at that point.

- The project did not use materials developed by other PVOs to carry out its activities. However, materials developed by other PSI offices were used. The project used "garland" developed by PSI-Ivory Cost which also promotes "Prudence". The Novelle dosage brochure was developed on the basis of the manufacture's (SYNTAX) directives. A collaborative effort by several organizations including PSI led to the development of the booklet "Choix de Vivre" in Gabon. The booklet will be distributed in Cameroon as a part of the promotion campaign to use condoms as a way to reduce the risk of AIDS/STDs infection.

- Project staff participated in meetings and seminars to talk about Biosel, Novelle, Prudence, and Promesse. The project took the opportunity of three family planning workshops, two organized by the MOH and one by SEATS, to present the products.

- Three media campaigns were conducted by the project:
  1. Campaign to launch "Promesse" using a multimedia approach. It included games (Questions-Answers) aired seven times on a weekly basis.
  2. Campaign to launch "Prudence Plus"; It included sweepstakes, advertisements on radio and documentaries on TV.
  3. Campaign for the International Day on AIDS - 1993. The Prostitute Théâtre show was filmed and aired on national TV. Action sports were carried out in schools.

- The project developed a large number of promotional materials and used a number of publicity tactics. Promotional materials included pamphlets, posters, calendars, stickers, billboards, banners, t-shirts, bags, prospectus, car plates, fishbowls, drawings, and dosage cards. Publicity and educational tactics included: radio spots, TV documentaries, TV talk shows, publicity vehicles and motorcycles, decorated shops (Kiosks), big package where condoms are displayed, games (question & answers), mailing, public debates.

- Professionally developed materials for promotion and advertising has been completed for Novelle and Biosel. Items directed towards the general public such as
calenders, t-shirts, stickers and posters were produced.

- The project undertook an active communication and advertising campaign using mass media such TV, radio, and the press.

- A communication plan (IEC) has been developed for Biosel and Novelle. It will be implemented once the licenses are released.

III. Project Outputs - Market Research

<table>
<thead>
<tr>
<th>INDICATORS</th>
<th>ACHIEVED BY YEAR TWO</th>
</tr>
</thead>
<tbody>
<tr>
<td># of market research for brand development, pricing, and packaging</td>
<td>5</td>
</tr>
<tr>
<td># of consumer research evaluating effectiveness of promotional material and marketing strategies</td>
<td>7</td>
</tr>
<tr>
<td>% of brand recognition among consumer</td>
<td></td>
</tr>
<tr>
<td>- Prudence</td>
<td>70.1%*</td>
</tr>
<tr>
<td>- Promesse</td>
<td>28.4%*</td>
</tr>
<tr>
<td>% of recognition and recall of promotional messages</td>
<td></td>
</tr>
<tr>
<td>- Prudence TV</td>
<td>32.30%**</td>
</tr>
<tr>
<td>- Prudence Radio</td>
<td>18.50%**</td>
</tr>
<tr>
<td>- Promesse TV</td>
<td>5.40%**</td>
</tr>
<tr>
<td>- Promesse radio</td>
<td>3.50%**</td>
</tr>
<tr>
<td>% of consumers who have access to the product</td>
<td>62.3%**</td>
</tr>
<tr>
<td># of consumer profile research</td>
<td>1</td>
</tr>
<tr>
<td>% of consumers that can afford the price of the product</td>
<td>64.5%***</td>
</tr>
</tbody>
</table>

* Data are from the "Rapport Intermédiaire de l'étude Media Nationale" - Bikanda Conseils S.A.
** Data are from the baseline survey (November 1993)
*** 4 studies of brand recognition were conducted for Prudence.
Notes:
- The market research carried out by the project focused on the four key issues related to social marketing; the four P’s (Product, Place, Price, and Promotion). Please refer to the objectives of the studies carried out by the project. (Appendix D)

- Once a study was completed the results were used to design new strategies or refine old ones. Examples include studies done to test promotional materials, pricing of Biosel, perception of images and their relation to identification of problems, reasons for why people were saying Prudence condoms are cheap and weak. All these studies helped the project to determine alternative strategies.

- Results of several studies carried out by the project were used to plan project activities during implementation.

- There is a strong indication that the project stimulated large demands for condoms; few street vendors have stated that the price of the condoms on the wholesale market is increasing; people are using the word "Prudence" as a synonym to condom; both wholesalers and retailers are asking for supplies all the time; increasing sale figures over the years confirms the increasing demands. People and pharmacists are asking about Biosel.

- When the Prudence condom was launched, a problem occurred when people started to say that the "condom tears during use; Prudence is a low quality and a cheap condom." After carrying out research activities, the project concluded that the real cause was the inability of the user to apply the condoms correctly. The project, then created a new name "Prudence Plus" and added instructions inside the package, the problem disappeared. Because of this experience, PSI/Cam is constantly carrying out those market studies. Thirteen market related research studies have been completed during the last two years (life of the project). (Appendix D) Plans for market research have also been laid out awaiting the release of the license for Novelle and Biosel by the MOH.

- A Market survey was completed to identify the brand name for Biosel, color of the package, and the appropriate price.

- Two studies were carried out to determine the pricing and profile for "Prudence". Results showed that Prudence is too associated with AIDS/STDs, and will be difficult to also link it to child spacing. To overcome this issue, a new brand "Promesse" was created. The project carried out a study to develop the brand name and promotional
materials. Promesse will be distributed through the private and public health systems only, and will be higher than Prudence in price.

IV. Project Outputs - Training

<table>
<thead>
<tr>
<th>INDICATOR</th>
<th>TARGET BY YEAR TWO</th>
<th>ACHIEVED BY YEAR TWO</th>
</tr>
</thead>
<tbody>
<tr>
<td># of wholesalers trained in product purpose, promotion use, and sale</td>
<td>30-45/year</td>
<td>30*</td>
</tr>
<tr>
<td># of retailers trained in product purpose, promotion use, and sale</td>
<td>60-75/year</td>
<td>1000+</td>
</tr>
<tr>
<td># of health professionals trained in product promotion and use</td>
<td>60-75/year</td>
<td>None**</td>
</tr>
</tbody>
</table>

* Six wholesalers stopped distribution  
** Health professionals are exposed to the printed promotional and training materials developed by the project. Also, condom use needs minimal training that is already carried out informally by the sale agents.

Notes:
- The project was set up on a pilot basis "Boutique Prudence" to carry out demonstration, explain how AIDS is transmitted, and answer questions about condom use. The boutique was open to consumers, retailers, and the general public. The project did not track the number of visitors and the most common questions asked. The boutique works now 2 hours per week. If the experiment succeeds, it will be extended to other areas. Youth groups trained by the National AIDS Control Program (NACP) work in the Boutique. This is a part of PSI's collaboration efforts with the NACP.

- The project did not organize any workshops. It took, however, the opportunity of meetings/seminars organized by other groups such as the MOH and SEATS to present the project and train participants on its interventions. Each of the two meetings organized by the MOH, had an average of 100 participants; mainly nurses, physicians, and health workers of the MOH.

- The project is planning to carry out a training to increase awareness about project interventions among women groups and other NGOs. This will be implemented during the Novelle launching campaign.
- The project developed "Carte Posologique", a dosage brochure directed towards physicians, nurses and pharmacies for Biosel. The brochure has been produced and awaiting the license to be distributed.

- Informal training was provided for pharmacists in their corresponding pharmacies on the usage and distribution of Promesse.

V. Project Development and Progress - Documentation

<table>
<thead>
<tr>
<th>INDICATOR</th>
<th>TARGET BY</th>
<th>ACHIEVED BY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline survey completed</td>
<td>3/92</td>
<td>10/93</td>
</tr>
<tr>
<td>Detailed Implementation Plan</td>
<td>4/92</td>
<td>10/92</td>
</tr>
<tr>
<td>Midterm evaluation completed</td>
<td>8/93</td>
<td>12/93</td>
</tr>
<tr>
<td># of annual progress reports completed</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

Richard Green, HPN Officer, USAID/Mission in Cameroon in a recent encounter with the MOH was told without the PSI Social Marketing Project and the condom distribution, there will be no AIDS program in the country Cameroon is now the second highest in condom sale per capita in Africa. The cost of a condom, without delivery cost, has been reduced from 17 to 11 cents.

Condoms were not known before the Social Marketing Project began. The project's strong points include the use of the private sector, partnering with wholesalers, and increasing accessibility of the product. Also, the project conforms with national policies. There is no national policy that restricts condom distribution.

**Q. Are targeted high risk groups being reached effectively?**

*Yes,* the project strategies is designed in a way that permit increase focus on high risk groups. Therefore, we can conclude that the high risk groups are reached effectively.

The project targeted poor communities. Pricing policies ensured that the products are affordable by the poor. The project targeted areas of high diarrheal disease. Although the ORS package is not yet on the market, promotion and distribution strategies have been designed in a way that emphasizes these areas. Rural areas, which have a higher risk for increased incidence of diarrheal diseases and high fertility rates are not currently covered by the project.
Plans, however, are laid out to use other PVOs' infrastructure to reach the rural population.

Commercial Sex Workers (CSWs) were targeted. The project supported the Prostitute Theater and helped in the creation and training of CSWs leaders in the promotion and sale of condoms to CSWs and their clients. Project staff also held a training program to recruit a number of trained CSWs that can hold discussions with their colleagues in a non-threatening environment.

For condom promotion, the project also targeted students to increase their awareness towards using condoms.

STDs clinics were also another category of outlets that was used by the project for condom sales and health education sessions. Condoms were included in the STDs kits "MSTOP". Because most people infected with STDs lead a high risk behavior, the inclusion of condoms in their treatment kit provides an options for them to avoid future infection. The STDs kits are not funded by the CS grant.

The project has supported a group of women who discuss with CSWs and their clients the importance of using the condom, and motivate them to use it. They targeted hotels, bars, night clubs, etc. Project staff conducted demonstration sessions at hotels.

Conclusion: The project was effective in implementing those activities stated in the proposal which did not require the permission from the MOH and USAID to distribute Biosel and Novelle on the market. The project made a concerted effort to reach high risk groups through its strategic approaches. The increasing demands for the products from the distributors and the general public is a demonstration of that effectiveness.

d) Design and Implementation

Q. Are there any particular aspects of the project design or implementation which may be having a positive or negative effect on meeting project objectives?

R. The following are the aspects of the project design and/or implementation that had a positive effect on meeting project objectives:

★ The project worked closely with the National AIDS Control Program, and other NGOs to increase condom promotion and distribution.

★ The project wanted to focus in areas (10 towns) with limited population. This however, was difficult to control because the distribution network depends on an existing
infrastructure that changes based on demands for products. Consequently, the project became nationwide, i.e. reaching large populations using the same efforts.

★ The project is continuously improving the implementation strategies of its interventions. Example: The first quantity of Prudence released on the market created some problems. People complained that the condom tears during use. Two problems were identified; the condom was not correctly used, and the quality of the condom was poor. This factor created a decrease in sales. The project tried and succeeded in solving this problem by adding an instruction sheet about how to use the condom in the package, and insured that each lot of condoms was thoroughly tested by ONAPHARM. These test results were included in each carton shipped to the wholesalers. The project is also planning to collect samples from the market and test them to insure that they are of good quality.

The following are the aspects of the project design and/or implementation that had a negative effect on meeting project objectives:

★ Some partners are not aware of PSI's mandate and treat it as a commercial private sector. This constitutes a barrier in reaching the public. The project until recently, for example, did not benefit from free air time on radio or TV. Also taxi drivers, bus companies, and other vehicles of advertisement refused to help the project because they thought PSI would make financial gains. One company, manufacturing sanitary pads refused to put free ads for Prudence on their products for the same reason.

★ MOH supports to the project is limited because the MOH has limited resources and no capability and/or mandate to replicate project interventions.

★ As with many other projects in French speaking countries, discussions with senior project staff revealed that they were not fully aware of the project overall strategy, and the stated goal, objectives, outputs and targets. The resident advisor, who is responsible for the implementation of the project, works with senior staff to develop monthly and annual plans. Although this could be sufficient to implement planned activities, staff knowledge of overall project plans and expected targets and outputs is essential. It will permit an increase in staff buy ins and will help them to set up their targets based on a clear knowledge of what the project is set out to do.
1. Community Education and Social Promotion

Q. What is the balance between health promotion/social mobilization and service provision in this project? Is the balance appropriate?

R. The project put more efforts into service provisions rather than promotion. Service provision, in this case, refers to sales of products. The balance is appropriate because promotional activities are targeted to increase sales. According to interviewed staff, the Cameroonian public needs a lot of information before using (buying) a new product.

The project has three units dedicated to implement planned activities. The units are Sales/Distribution, Marketing, and Research. The number of "Person-Month" per year allocated for each unit is a good indicator to assess the balance between promotion and service provision. The project allocates 84 person-months per year for sales/distribution unit, and 24 person months for promotion and mobilization. The project also has 24 person-months for research activities. The research unit provides support for both promotion and service provision.

Q. Is education linked to available services?

R. Yes, education is linked to available services. Being a social marketing project, the design of promotional materials focuses more on educating the public rather than the promotion of the product. The educational message is emphasized first in each of the project's promotional materials. Also, media messages are designed to provide educational information.

Q. Has the project carried out any community information, education, or communication activities?

R. The project carried out community IEC activities through the training of retailers who pass on health messages to their clients. Also, the project's sales agents conducted promotional activities on the ground. They put up posters, talked on the radios, etc. Discussion workshops are another vehicle used for promotion. They are mainly held with students, CSWs and their clients on the importance and the use of condoms.

Another promotional strategy used by the project is peer education, promotion, and support. An example is the Prostitute Théâtre where all acts are done by CSWs, and education sessions are held by trained CSWs.
Innovative techniques in communication has been utilized by the project, but budgetary limitation restricts this effort. This, however, does not constitute a major issue because other national projects such as AIDSCAP, PRITECH, and SEATS, are working in promotion and education. Therefore, this project can devote the larger segment of its resources to address accessibility and affordability of the products.

Promotion is important to increase sales and distribution. A promotional campaign done in December/January 1992 had an impact on increased distribution. Examples of promotional activities include sweepstakes, sponsoring events to demonstrate condom use, question/answer games for youth and women. During the AIDS Week for Cameroon, the project distributed free samples, the resident advisor talked to the Minister about the importance of the program and the release of the license. The Minister's attention to this issue was later confirmed during a meeting with USAID/Cam HPN officer. The project benefited from a documentary on television to promote condom use. Two televised documentaries on the use of "Prudence" were later aired. Also, the project presented Promesse during two talk shows on national television. The project participated in festivals to promote the sale of Prudence. In 1992, the project participated in four festivals.

Q. *Was there any attempt to utilize knowledge and practice data, or data from focus groups, in depth interviews, etc. in developing the messages? Have the messages been tested and refined?*

R. Yes, all messages, promotional activities, and printed materials were developed and refined based on market and consumer research.

IEC messages were implemented at a community level for condom promotion. Messages were developed based on studies made by the research unit of PSI/Cam. Testing of the messages were done by the project using the techniques of focus groups and interviews. Developed messages were verified by the MOH to ensure their consistencies with government policies and directions. They also shared with PRITECH, the National AIDS Control Program, and other key institutions for the same reason.

An important benefit of the IEC campaign was to reduce the tension on key policy makers to take controversial decisions. The MOH, IEC unit works with state assembly and key policy makers to have the issues discussed openly on TV. These efforts are supported and encouraged by the project.

Some of the promotional/educational materials developed by the project was not done in close collaboration with the
The current promotion strategy for "Prudence and Promesse" has been evaluated. It showed that the population is consistent in using the condoms. Feedback information from the general public is important to refine the promotional strategies. The role of the private sector in the process of promotion is also important.

Other promotional activities included PSI's participation in a festival organized by AIDSCAP. CSW leaders conducted condom promotion in a PSI stand and a competition was held with youth to think of the best drawing representing AIDS. In 1991, six spots per day were aired on the promotion of fidelity and the use of condoms in the prevention of SIDA/STDs. Media campaign increased condom sales.

The AIDS control program in collaboration with AIDSCAP and PSI placed on the Cameroonian TV an explicit show about AIDS. This was accepted because the people wanted to know about AIDS and the National AIDS Day helped to ease it in. This was an effective alternative and a low cost media promotional activity.

Q. How does the PVO ensure that messages to mothers are consistent?

R. Because the IEC campaign uses printed materials and mass media advertisement techniques, the probability of an inconsistent message reaching the mother is slim. Also, sales agents are continuously working with promoters to ensure that their knowledge and communication skills are consistent with the project's IEC campaign.

Q. Does the project distribute any printed materials? Did the WO pre-test printed materials? Do members of the community regard these materials as simple, useful, and of value?

R. The project distributes pretested promotional and educational printed materials. The highlights of the studies carried out to test packaging, pricing, etc. are represented in Appendix D.

To assess how the target audience regard these materials, the project carried out studies to determine whether they are simple, useful and valuable. Messages were tested for comprehensiveness and simplicity. Please also refer to appendix D for the highlights of these studies.

Q. Has the project been creative in its approach to community education, such as incorporating any non-traditional or participatory education activities?
R. The project used a creative marketing approach to promote messages to the target audiences. It used several mass media methodologies to disseminate the messages and promote the use of the products.

Q. Has the project assessed the level of learning that has occurred with these methods, or is the evidence for effectiveness anecdotal?

R. Yes, the project conducted studies on condom use among university students. (Appendix D). The results shows that the level of learning has increased significantly.

Over the next three months, a new cover of the condom's package, showing that a sweepstake with prizes is included, will be released on the market. The newly formatted insert will be inside the package, thus encouraging users to look at it. The game will ask buyers to respond, in writing, to a number of questions. Prizes will be distributed to the winners. The game is designed by the research unit which will use the data to measure the rate of acceptance of condom use and whether the people take the time to read enclosed inserts.

Conclusion: The project has a strong community education and social promotion component. It did, however, put more efforts in service provisions (sales and distribution). The balance is appropriate because promotional activities are targeted to increase sales. Being a social marketing project, the design of promotional materials focuses more on educating the public rather than the promotion of the product. The project carried out community IEC activities using innovative techniques in communication. It complements this effort by other NGOs IEC activities. Messages were developed based on studies and feedback information from the general public.

2. Human Resources for Child Survival

<table>
<thead>
<tr>
<th>INDICATOR</th>
<th>ACHIEVED BY YEAR TWO</th>
</tr>
</thead>
<tbody>
<tr>
<td># of technical assistance visits received</td>
<td>13</td>
</tr>
<tr>
<td># of project staff</td>
<td>22</td>
</tr>
<tr>
<td># of point of purchases</td>
<td>6000 - 7000</td>
</tr>
<tr>
<td># of MOH personnel involved in project</td>
<td>3</td>
</tr>
<tr>
<td>implementation</td>
<td></td>
</tr>
</tbody>
</table>
Q. **How many persons are working in this child survival project? Does the project have adequate numbers mix of staff to meet the technical, managerial and operational needs of the project? Do these staff have local counterparts?**

R. Seventeen project staff and 3 local counterparts are working in this project. The break down is as follows:

**Technical:**
- Research Director
- Research Associate
- Marketing Manager
- Ministry of Public Health's Unit for Diarrhea Disease Control (two specialists trained by PRITECH)

**Managerial:**
- Program Director
- Commercial Director
- Ministry of Public Health's Assistant Director for Rural and Preventive Medicine

**Operational:**
- Five Sales Agents
- Two Drivers
- Marketing Associate
- Finance Manager
- Administrative Staff (5)

This mix of technical, managerial, and operational staff is appropriate to implement project activities. Also, the Ministry of Health personnel provide direct assistance at the technical and managerial levels.

A recent restructuring of the staffing pattern of PSI/Cameroon has changed recently. A copy of the current organigram is Appendix C.

Q. **Are community volunteers taking part in this project? How many are in place?**

R. There is no community volunteers taking part in this project.

From a technical training perspective, it is important to note that PSI/Cameroon is NOT running a traditional community-based ORS program. As such, it is not directly involved in traditional community-based volunteer training. The Ministry of Health is already active and competent in ORS training in the public sector and can be called upon to train community health workers.
Q. Are they multi-purpose workers or do they concentrate on a single intervention? Is their workload reasonable?

R. As an integrated social marketing operation, all staff work on multiple "projects" or products. It should be noted, however, that child survival has provided at least partial support for 4 out of 5 products over the past two years. With the re-definition of tasks last fall, the workload is reasonable for most staff. The reporting requirements are, however, hard to follow since they are tailored toward a traditional community-based child survival program.

PSI/Cameroon taps into the PVO community and the public health sector at present for condom demonstrations. It anticipates similar interaction for ORS demonstrations. PSI staff are competent in these areas and are particularly talented in working with private sector partners with whom they meet on a regular basis.

Q. How many days of initial training and how many days of refresher training have they received since the start of the project? Is there evidence the PVO carried out a needs assessment before embarking on initial and refresher training? Was the training methodology appropriate for the nature of the health workers jobs? Was the length of training sufficient to prepare the health workers to carry out assigned tasks?

R. No formal training was carried out for project staff. After an original orientation, all training was done on the job. Project staff, however, attended national and international workshops/conferences, to increase their skills and knowledge.

The training of retailers is on going during visits by the project sales agents. Two formal training events were held for about three days each to train retailers. Focus group discussions demonstrated that the training methodology and the length of the training were appropriate since all retailers were competent in condom distribution, promotion and sales.

None of the private pharmacies' workers were trained by the project nor had ever participated in a seminar on maternal and child health. Pharmacists prefer that their agents attend on the condition that the seminar not occur during working hours because consumers occasionally ask them how to use condoms and take pills.
On the other hand, PSI is planning to train (with the technical assistance of the Ministry of Public Health), private sector pharmacy staff who will be selling ORS, and to use this pharmacy staff to hold ORS demonstrations in the community as a "marketing" tool. In preparation for this, PSI held two training events of three days each to train medical retailers that were to speak with physicians on ORS. PSI staff participated in the sessions. This will permit them to be able to work with pharmacists and ensure their competence.

Given the delays (7 months) in approval to release ORS salts from USAID/Washington and from the Ministry of Public Health, PSI staff and contracted medical retailers will require a refresher course not only to review technical points but also to regenerate enthusiasm.

Conclusion: The project has a good mix of talent and skills in its human resources. This is true for technical, managerial, and operational staff. There is no participating community volunteers. PSI staff are competent in working with private sector partners with whom they meet on a regular basis. This is the project's main training channel. There is a need to augment the project training component especially for wholesalers and retailers.

3. Supplies and Materials for Local Staff

Q. What educational or other materials have been distributed to workers? Do these materials or supplies give any evidence of being used? Are they valued by the health worker? Are they appropriate to the health worker's job?

R. No formal training materials were distributed to workers but informally whenever new information is received, every member of the personnel gets copies. Technical materials come in monthly from PSI-Washington. These materials are read by project staff as a part of a process to increase their capacity to carry out project activities. The evidence that these materials are used was demonstrated by the availability of copies among staff, and the incorporation of some of the concepts in the research and marketing activities of the project. We can also conclude that those materials have been valued by the health worker and they are appropriate to their corresponding job.

Q. Do the local staff volunteers have the necessary materials, supplies, and equipment to carry out their current responsibilities?

R. Yes, local staff have the necessary materials, supplies, and equipment to carry out their current responsibilities.
For Novelle and Biosel, the project developed educational materials targeted towards physicians, nurses, pharmacists, and other service providers. For Biosel, a dosage card and a "bande dessinés" describing its use was developed. A mailing introducing and describing Biosel to all doctors, especially pediatricians was also completed. For Novelle, a similar mailing to announce the product will be done to explain the characteristics of the pill, once the license is released. The project will also reproduce the manufacturer pamphlet and SYNTAX laboratories will be the supplier of the product which will provide information to practitioners.

For Promesse, a mailing announcing the product was completed. For Prudence, a brochure explaining how to use the condom was developed and included in the packet. For Prudence Plus, the condom is the same brand as Prudence, but the package has an insert containing information on how to use the condom. There was no specific study done before the insert was developed.

Retailers stated that distribution channels for supplies are effective but none of the suppliers have continuous stock. This caused frequent stock interruptions. Most recently the wholesaler Hospicam moved their office and changed their name without informing the suppliers, which prevented them from getting additional stock. PSI has already placed a motorbike at the disposal of a supplier to drive around town to re-stock retailers. Other distribution centers have also been opened.

ORS packets is listed on the essential drug list. The packets are available through pharmacies and health centers. They are not yet allowed to be sold on the open market i.e. by non health professionals. The MOH target is to reach 80% of the population with ORS coverage. The problem, however is accessibility and affordability. ORS is not available in large enough quantities on the market to satisfy demand and keep prices down. Also, the limitation of the private and the public formal health system is in reaching a large segment of the population which complicates the issue of accessibility. As for affordability, the MOH aim is to maintain the price at 50 FCFA per package. The MOH policy is not to control prices but to see the prices fixed at a level affordable to the poor. The MOH does not want to compromise the private sector initiatives that help in making ORS available on the market. Some of these problems will be addressed when Biosel is introduced on the market.

Health centers do not dispense Oral Contraceptives (OC). Injectables are available in family planning centers, and provincial hospitals. Public and private pharmacies have OC and there is a large demand for them in Cameroon, but due to the high price and the small quantities available on the
market, usage is low. The major problem for the MOH is the availability of the contraceptives. This will be partially addressed by the project once Novelle is released on the market.

Pricing the project's OC "Novelle" was done by testing market power. To insure that the project reach low income and high risk population, PSI is committed to maintain the cost of the products at an affordable levels. In using donation and subsidizing products, the project can achieve that aim. These principles, in addition to the results of market studies have been used in this project to determine the price of the products.

Since 1989, the Prostitute Thdatre was created and working. CSWs are selling condoms to other CSWs. In the past, they did wholesale and retail but now are only involved in retail. The follow up of condom sales is done by PSI.

Conclusion: Hunger for new knowledge is endless. The project provides appropriate amount of educational and other materials to staff who use these materials to develop and implement their activities. Therefore we can conclude that local staff have the necessary materials, supplies, and equipment to carry out their current responsibilities.

4. Quality

Q. Do the local project staff currently have the technical knowledge and skills to carry out their current child survival responsibilities?

R. Project staff has the technical knowledge and skills to carry out their current child survival responsibilities. Please refer to the project's organigram (Appendix C). Each of the key three divisions (Sales, Marketing, and Research) are staffed with competent staff experienced in their field. PSI resident advisor, the project manager, has the necessary background and experience to implement the grant.

Q. Do the local staff counsel and support mothers in an appropriate manner?

R. Because of the nature of this project, there is no direct contact between project staff and mothers. Sales agents, however, interview consumers on a regular basis to extrapolate data for project improvement. In addition, the project's demonstration stands provide information on product use to clients. The project initiated quarterly sales meetings with retailers to discuss problems, acquire field information, and plan promotional activities. The first of those meetings was held in October 1993.
Conclusion: Project staff has the technical knowledge and skills to carry out their current child survival responsibilities.

5. Supervision and Monitoring

Q. What is the nature of supervision and monitoring carried out by this project? Is it field based supervision?

R. The PSI office in Cameroon has changed its structure from project focus to sector focus. Each member of the staff contributes to and is responsible for one area of operation that serves all the projects. Consequently, each member of the group is devoting part of his/her time to the management of the CS7 project. This structure permits easier monitoring and supervision of staff. Overall project management is now the responsibility of the Resident Advisor. (Appendix C)

Project monitoring is done using sales data by wholesalers, by month. They provide a proxy to the overall performance of the project. The project divided the country into four zones. Each zone has one responsible person (sales agent). The role of the agent is to monitor the distribution by the wholesalers, visit them regularly, resolve their problems, promote, recruit, and/or develop new outlets (point of purchase). The sales agent is oriented towards the wholesalers, but he/she also visits the pharmacists and supervises the retailers especially street vendors. Moussa Abbo, Director of Sales/Distribution, who supervises the four sales agents and the two drivers, also conducts spot checking on pharmacists and wholesalers. (Appendix G)

Market surveys are also another mechanism that the project uses to assess performance. The project does track indicators of materials development, production, and distribution.

Q. Has supervision of each level of health workers been adequate for assuring quality of services?

R. From the above description, we can conclude that the supervision at each level is adequate for assuring quality of services.

Q. What are the monitoring and supervision requirements for the remainder of the project?

R. There is no traditional monitoring system that tracks project indicators. All data coming from different sources
are not consolidated into one single tracking system. Therefore there is a need to consolidate all the data into one monitoring system that permits project manager and staff to improve the weak areas of the project operation.

**Conclusion:** Monitoring and supervision are adequate. The new restructuring of PSI/Cam permits easier monitoring and supervision of staff. There is a need, however, to consolidate all the data into one monitoring system.

6. **Use of Central Funding**

**Q.** Have *administrative monitoring and technical support from the WO regional or central offices* been appropriate in terms of timing, frequency and needs of the field staff? If not, what constraints does the project face in obtaining adequate monitoring and technical support from WO regional or central offices?

**R.** All requests for technical assistance has been met in a timely fashion. The project received 13 technical assistance visits since it began. According to interviewed staff, time and frequency of technical assistance visits were appropriate. A list of all TA received by the project is listed in Appendix E.

In fact, PSI/Washington has done an outstanding job in ensuring adequate in-country technical supervision of the baseline study by securing the very low-cost services of an intern with an MPH from Tulane. PSI/Washington also played a critical liaison/fellow-up role with USAID/Washington and PATH during the retesting and eventual (December 3, 1993) approval for release of the purchased ORS.

PSI sent programmatic staff out in early 1993 to review the project outputs with the program director. In addition, PSI/Washington is very accessible by telephone and fax for technical and programmatic questions, providing PSI/Cameroon with current information from the technical literature and from its other ORS projects in Bangladesh and Morocco.

**Q.** How much central funding has AID given the child survival grant for *administrative monitoring and technical support of the project?* Do these funds serve a critical function?

**R.** PSI/Washington disbursement for the project totaled $96,000; this represents 19.2% of the AID portion of the project budget. The central funding for administrative monitoring and technical support has been critical to the advancement of PSI/Cameroon's Child Survival Project. The
wide range of inputs of the TA visits described in Appendix E demonstrates that fact.

Q. Does this function appear to be underfunded or overfunded?

R. PSI Salaries for home office staff supporting the project is appropriately funded. Consultants, travel and transportation line times are aggregated in one budget for field and home office. Therefore, it is hard to determine whether they are over or underfunded. The resident advisor stated that the budget is not sufficient to cover periodic international travel for technical and administrative monitoring. PSI, however, managed to provide this project with a significant amount of TA visits, especially in the areas of market research, and product launch preparation.

Q. Are there any particular aspects of AID funding to the central office of the PVO that may have a positive or negative effect on meeting child survival objectives?

R. Interviews with MOH counterparts, partnering agencies and project staff demonstrated that all outside contribution for this project were beneficial. Those visits brought PSI experience from programs implemented in other countries to Cameroon. This approach speeded up the development of project implementation strategies, and consequently had a positive effect on meeting child survival objectives. Administrative monitoring at PSI/Washington has been also useful for problem identification. None of the people interviewed by the evaluation team stated an issue related to home office inputs, that had a negative effect on achieving project objectives.

Conclusion: The use of central funding for providing administrative monitoring and technical support has been appropriate. This effort has been critical to project advancement. Central funding seems appropriately funded. PSI managed to provide to this project a significant amount of technical assistance visits. These funds served an important purpose by bringing to the project, PSI experience in other countries.

7. PVO’s Use of Technical Support

Q. What are the types of external technical assistance the project has needed to date, and what technical assistance has the project obtained? Was the level of technical support obtained by the project adequate, straight-forward and worthwhile?
R. PSI/Cameroon's former director had an MPH degree and experience in child survival activities. In addition, PSI had on staff a returned Peace Corps Volunteer with experience in health education in Cameroon. This ensured adequate on the ground technical support at the time PSI was developing packaging and the technical inserts for both BIOSEL and NOVELLE.

Nevertheless, PSI solicited and received extensive assistance from PRITECH and the Diarrheal Disease Control Unit at the Ministry of Public Health for BIOSEL, and from the Director of Family and Mental Health for Novelle. In addition, PSI sought technical assistance from local private physicians for the development of the inserts and pamphlets for NOVELLE.

At the same time, PSI initiated a contractual relationship with CIBA-GEIGY, a private pharmaceutical laboratory, to ensure adequate competent training of the medical community about ORS upon product launch. This included advice concerning how best to reach the medical audience and development of a BIOSEL detailing piece targeting the medical profession. Discussions were initiated concerning possible collaboration for detailing NOVELLE to the medical community. With the above-mentioned delay of the launch, the contract was withdrawn and discussions set aside. Medical detailing assistance would be ideal for both of these "prescription" products. However, with the delays, funding is inadequate to cover the proposed contractual collaboration.

PSI/Cameroon also received 13 external technical assistance visits since it began. A list of all TA received by the project is listed in Appendix E. These forms of support were adequate, straight-forward, and very worthwhile—ensuring continuity with the ministry's projects. Interviewed project staff and MOH counterparts conclude that all technical assistance needs of the project have been met. Therefore, there is no difference between the project technical assistance needs and the technical assistance obtained.

Q. Are there any particular aspects of the technical support (from all sources) which may have had a positive or negative effect on meeting project objectives? (For example, consultant visits, evaluations, workshops, conferences, exchange field visits).

R. Interviewed staff stated that all technical assistance visits have been useful in addressing the technical issues they faced in implementing the grant. Staff highlighted the positive aspects of the TA visits that helped them to
improve the implementation of the project's interventions. No negative aspects were cited during the discussion.

Q. Is there a need for technical support in the next six months? If so, what are the constraints to obtain the necessary support?

R. At the time of the evaluation, there was no felt need for any additional technical assistance during the next six months. If the need emerges, however, the major constraint will be budgetary in nature.

Conclusion: Competent and experienced project staff ensured adequate on the ground technical support. Also, PSI/Cam received extensive assistance from local organizations and the PSI home office. The level of technical support obtained by the project was adequate, straight-forward and worthwhile.

0. Assessment of Counterpart Relationships

Q. What are the chief counterpart organizations to this project? What collaborative activities have taken place to date?

R. The project works closely with AIDSCAP, Pritech and the National AIDS Control Program (NACP). When the project needs information/assistance (i.e. test materials), these institutions are sought. When NACP needs support, PSI provides input. All those activities are done in a spirit of collaboration. At times, the MOH and PSI call on each other to support activities of mutual interest.

Project collaboration with pharmacists is growing. Some have received visits from PSI agents and have stickers on Promesse whereas others do not. The relationship between the MOH and the pharmacists is practically non-existent. The pharmacists occasionally had visits from the Inspector of Pharmacies. Any other instructions such as the ban of drugs were from the Delegate of Health. They expressed the wish to see this relationship straightened.

PSI works with both the private and the public sector and honors the government essential drug policies. The price set by the project, 75 FCA per ORS packet, will be acceptable.

Effective collaboration exists between PSI, the MOH, and Pritech in the development of messages and printed materials. PSI works closely with Pritech which conforms to MOH policies. Once the license for Biosel is released, the project will be allowed to distribute the packets and the
printed materials it developed. MOH will authorize its
distribution through the public and private health system
network.

The project conforms with the MOH strategy in Family
Planning. In fact the project helps the division to reach
its targets by increasing the volume of contraceptives on
the market; especially in the capital town of each
department. The project also increases accessibility to
other regions and rural areas through its strategy of
collaboration with other NGOs; especially those who are
implementing community based development programs. The
Project asked the MOH advice before printing. This left a
good impression and improved relations with the MOH.

Contacts between AIDSCAP and PSI are constant. PSI helped
AIDSCAP to train CSWs in marketing. All AIDSCAP/Washington
visitors, make an effort to visit the PSI office; an
indication of the importance of collaboration between the
two organizations.

The project also works closely with the quality control
division for pharmaceuticals (ONAPHARM) to ensure that the
products are of good quality. PSI/Cam always tests their
products before being placed on the market. One hundred and
seventy six lots of condoms were tested by ONAPHARM with 146
being accepted and 30 being rejected. If the lot is
rejected, or have been in storage for more than 6 months, a
second test is done before destruction.

Q. Are there any exchanges of money, materials, or human
resources between the project and its counterparts?

R. There is no exchange of money between the project and
its counterparts. Counterpart organizations, however,
participate in project activities through either the
promotion or the sale of the products. An informal human
resources exchange is continuous between the project and the
counterpart organizations.

Q. Do the counterpart staffs have the managerial and
technical capacity to eventually take on the functions
necessary to operate effective child survival activities?

R. The MOH has no capacity to run a social marketing
project. Therefore to ensure the sustainability of the
project, an indigenous PVO or a local distributor needs to
take over project activities. Please refer to the
sustainability section of this report for further discussion
of this issue.

The ground-breaking nature of this child survival project
has brought with it unforeseen demands on Ministry
counterparts. While relations with the Ministry of Public Health were excellent during the technical development of BIOSEL and NOVELLE materials, follow-up on the administrative end was weak. PSI was very successful in the marketing of condoms with minimal administrative assistance from the Ministry and initially approached the Division of Pharmacy directly rather than through the programmatic divisions mentioned above. When it became clear that assistance from the counterparts was needed, PSI realized that the programmatic divisions of the Ministry were not familiar with the procedures regulating distribution of ethical drugs in the private sector and therefore provided little guidance to PSI/Cameroon. To complicate matters, PSI's counterparts changed during the process and PSI's new director spent considerable effort to orient the new counterparts. It should be noted that PSI is the only project working with donated commodities that have requested regulatory permission to distribute from the Division of Pharmacy.

In short, PSI has learned the regulatory process by trial and error (the license applications have been reviewed and rejected twice and have been resubmitted for a third try on December 21) and has requested the associated ministry directors to defend their requests for licenses.

It should also be noted that PSI/Cameroun had no operative country agreement until it was signed on June 3, 1993. The draft country agreement was originally submitted to the Government of Cameroon in 1991. The delay in the approval was due to changes in MOH personnel and other administrative complications. This country agreement permits the marketing of condoms but does not include ORS or oral contraceptives. The current director has submitted an amendment for each product to her respective counterparts and is awaiting a response. The delays in resolving the country agreement issue have had a negative impact, creating confusion at the Division of Pharmacy concerning the role of PSI (an NGO or a pharmaceutical wholesaler?). If a national NGO wants to continue project activities, the MOH may provide support such as tax exemption benefits.

Q. Is there an open dialogue between the PVO project counterparts? Please describe the relationship between the project’s social marketing activities and IEC activities in CDD and condom promotion that are carried out by the project and MOH. How are these activities coordinated?

R. As mentioned above, technical collaboration has been good during the development of BIOSEL and NOVELLE. IEC collaboration between the Ministry and PSI has been excellent for condom promotion and there is reason to believe that similar collaboration will continue with the
other products. IEC collaboration is the responsibility of PSI/Cam "marketing" unit and has been assured by integrating PSI's condom promotion annual planning with that of the AIDS unit. PSI's marketing unit is in regular contact with the chief of IEC, who recently assisted PSI and AIDSCAP in the development of a highly successful documentary film of their prostitute Théâtre IEC activities. Administrative contact is also maintained on a weekly basis between PSI's program director and the chief of the AIDS unit.

Conclusion: The project collaborates effectively with the MOH and a number of local and international organizations. Interviews with staff of these organizations demonstrated that the collaboration is excellent. The coordination between the different groups is complementary. Unfortunately, the MOH has no capacity to run a social marketing project. Therefore to ensure the sustainability of the project, an indigenous PVO or a local distributor needs to take over project activities.

9. PVO/NGO Networking

Q. What evidence is there of effective networking with other PVOs and NWs working in health and child survival?

R.

<table>
<thead>
<tr>
<th>INDICATOR</th>
<th>ACHIEVED BY YEAR TWO</th>
</tr>
</thead>
<tbody>
<tr>
<td># of collaborating PVOs</td>
<td>13</td>
</tr>
<tr>
<td># of collaborating government department and public sector institutions</td>
<td>3</td>
</tr>
<tr>
<td># of collaborating private sector institutions</td>
<td>3</td>
</tr>
</tbody>
</table>

The project has relationships with a number of PVOs and other institutions such as Pritech, SEATS, CAMNAFOW, Association Camerounaise pour le bien être de la Famille, CARE, Save the Children, MOH, AIDSCAP, WHO, UNICEF, GTZ, Mission Francaise de Cooperation, SWAA, Institute Pasteur, OCEAC, Faculté des Medecines, Bikanda Conseil SA, Agence Axis, and CIBA-GEIGY. The project also collaborates with nine pharmaceutical and 24 general wholesalers.

PSI solicits input and advise from the MOH and other organizations on a continuous basis to help refine its strategies. The project developed promotional materials together With Pritech; held family planning workshops with CAMNAFOW; worked with CARE to promote condom distribution
and sales in the eastern region among youth; worked with AIDSCAP to promote and distribute condoms among high risk groups; worked with GTZ in the joint distribution of condoms and holding workshops; and carried out joint studies with OCEAC, Institut Pasteur, and Bikanda Conseil.

Q. Are there any particular aspects of the situation which may have had a positive or negative effect on networking?

R. The impact of this collaboration was fruitful. It has increased the quality of research, improved the distribution of condoms, and improved the development of material and promotional activities. It is worth noting that PSI is the only organization that distributes its products through the private formal and informal sectors.

PSI is looking to increase this collaboration especially in the North West where there is a reluctance to use condoms. The project is trying to use the religious leaders to promote the concept of child spacing among the population.

PSI’s success with PRUDENCE PLUS has facilitated the development of relationships with other PVOs and NGOs. Several of these organizations, notably AIDSCAP, GTZ, and the French Cooperation have already acted as condom distributors, ensuring access to rural areas. PSI is also discussing distribution and IEC activities with Save the Children and CARE. Other local NGOs (S.W.A.A., Student Union against AIDS, various school-based AIDS clubs, Friends of Rose and Douglas theatrical troupe, Friends of Prudence theatrical troupe, etc...) are actively involved in the distribution of free condom samples and local education of their target populations. PSI does not attempt to duplicate the community level IEC activities of these groups but instead, focuses on providing them with the materials they need. In addition, PSI develops mass media support with the Ministry of Health, which in turn facilitates open discussion at the community level.

It should be noted that PSI/Cameroon is the only project which distributes commodities on a national scale. Other NGOs are easily able to tap into PSI's distribution system and accomplish child survival activities that they would not otherwise be capable of accomplishing—an IEC activity is of little value if there is no "product" to address the created need.

AIDSCAP has five projects in Cameroon. PSI supports AIDSCAP because its promotional activities have considerably increased condom use. In addition to AIDSCAP, PSI is the only other major supplier for condoms. The government policy is the promotion of condoms and PSI is enhancing that
policy. The government also encourages the private sector participation in condom sales.

Q. Can the project cite at least one lesson learned from other PVOs or from other child survival projects?

R. Condom lessons learned (from GTZ): Tailor the IEC message to the cultural environment of the region. What works in one region does not necessarily work in another due to cultural and, above all, religious differences.

Concerning BIOSEL, PSI worked actively with PRITECH and anticipates working with GTZ, Save the Children, CARE, and the French Cooperation to assist with rural distribution once the product is launched.

ORS lesson learned (from PRITECH and the Ministry): Giving away ORS devalues the product. Cameroonian mothers want medicine when their children are ill with diarrhea. Hence, the ministry's new positioning of ORS as a product to be sold in public and private sector pharmacies (at least initially) so as to rehabilitate its image—and PSI's struggle to obtain regulatory permission to distribute.

PSI has already worked with SEATS and the Cameroon National Association for Family Welfare (CAMNAFAW) during the launch of the Ministry's family planning logo and anticipates broadening these associations once NOVELLE is launched.

OC lesson learned (from CAMNAFOW): When developing family planning messages, do not discuss "birth spacing". Instead, focus the message on "responsible parenthood". The former message is considered morally repugnant in some sectors of the population while the latter is actively promoted by all religious leaders.

Conclusion: PSI/Cam networking with other PVO/NGOs is effective. Through continuous input and advise from the PVO/NGO network, PSI/Cam refines its strategies, research, and the quality of the produced materials. The PVO/NGO network also helps PSI in product distribution; especially in rural areas.
10. Budget Management

Q. How does the rate of expenditures to date compare with the project budget?

<table>
<thead>
<tr>
<th>INDICATORS PIPELINE ANALYSIS</th>
<th>AMOUNT EXPENDED</th>
<th>PERCENTAGE REMAINING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year I (10/91 - 9/92)</td>
<td>167,110</td>
<td>66.58%</td>
</tr>
<tr>
<td>Year II (10/92 - 9/93)</td>
<td>389,681</td>
<td>22.06%</td>
</tr>
</tbody>
</table>

The project budget has been expended at a faster rate than anticipated during year 2. The amount remaining and the revenues from sales of products could support a large proportion of the remaining life of the grant. This appears to be due to several factors:

* The condom portion of the project has grown faster than projected, with the associated increase in variable product costs (shipping and clearing, packaging, transport). Other project support (from AIDSCAP) for this product has not kept pace (and has, in fact, diminished) with project growth.

* The OC portion of the project has been delayed, thus delaying the small but significant revenue stream that would help support project costs.

* USAID/Washington demanded retesting of ORS, at considerable expense to PSI not only for the tests themselves but also in salaries associated with the person-hours devoted to following up on this problem.

* PSI/Cameroon changed its program director (resident advisor) in 1991 and again, in mid-1993, but only one change was budgeted for by the child survival project.

* Certain in-country costs were underestimated, i.e., the annual communications budget of $3,500 which covers only two months of phone bills.

* When PSI received its Country Agreement, it became liable for employer taxes, and its employees, liable for income taxes. These taxes had a significant impact on payroll expenses.

Q. Is the budget being managed in a responsible, but flexible manner? Can the PVO justify budget shifts that may have occurred?
R. The budget has been managed in a responsible but flexible manner and PSI can explain all budget shifts.

Q. Can the project achieve its objectives with the remaining funding?

R. PSI has already surpassed several objectives. However, unless PSI is able to obtain additional funding to support operational expenses as well as promotional expenses through the end of the project period, it will be hard-pressed to achieve the objectives defined for ORS and OC.

Q. Is there a possibility that the budget will be underspent at the end of the project

R. There is no possibility that the budget will be underspent at the end of the project.

Conclusion: Many factors contributed to a higher rate of expenditures during year 2 of the project. PSI has already surpassed some objectives. Additional funds, however, will be needed to achieve all the objectives.

e) Sustainability

Q. What are the steps the project has undertaken to promote sustainability of effective child survival activities once project funding ends?

R. The answer to this question will be addressed at the following levels:

I. Project Sustainability - Financial Sustainability

<table>
<thead>
<tr>
<th>INDICATOR</th>
<th>ACHIEVED BY YEAR TWO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Repayment Rates</td>
<td></td>
</tr>
<tr>
<td>Prudence - FY92</td>
<td>62.84%</td>
</tr>
<tr>
<td>Prudence - FY93</td>
<td>57.94%</td>
</tr>
<tr>
<td>Prudence - FY94 (Ott &amp; Nov)</td>
<td>95.28%</td>
</tr>
<tr>
<td>Promesse - FY92</td>
<td>35.90%</td>
</tr>
<tr>
<td>Promesse - FY93</td>
<td>82.84%</td>
</tr>
</tbody>
</table>

Notes:
* Revenues from product sales go to the bank. The money is then used for project expenditures. It was initially thought that the revenues should be saved and be used as revolving funds but this was not accomplished.
Because the products are subsidized, it will be hard to offset all project costs by sale revenues. Therefore, even if the level of demands is high, achieving economy of scale is not possible. Also, it is not expected that revenues by the end of the project will be sufficient to cover costs of future product purchases, packaging, displays, promotion, advertising, and limited salaries for sales agents.

The increasing level of sales demonstrates that the products are affordable. Pricing studies conducted by the project also demonstrates that the price is affordable to most users. Condoms distributed by PSI are the cheapest on the market. In fact, approximately 95% of the condoms available on the market are distributed by PSI.

The project is planning to create a local entity that will sustain project interventions. Once created, the lower cost of operation and the existence of the revolving funds will permit continuation of activities.

II. Project Sustainability - Transfer of Skills

<table>
<thead>
<tr>
<th>INDICATOR</th>
<th>ACHIEVED BY YEAR TWO</th>
</tr>
</thead>
<tbody>
<tr>
<td># of collaborating national institutions</td>
<td>8</td>
</tr>
<tr>
<td># of collaborating distributors/wholesalers</td>
<td>30</td>
</tr>
<tr>
<td># of Cameroonian project staff &amp; their counterparts* in government and other collaborating institutions</td>
<td>12 cam staff No direct MOH counterparts</td>
</tr>
</tbody>
</table>

* There is no need for MOH counterparts for this project. The mandate and capability of the ministry will not permit the MOH to replicate project activities. If the MOH, however, learns enough about social marketing, they might contract local businesses to replicate the activities as in the case of India.

Notes:
* Please see point 9 for names of collaborating agencies.

* There is no indication that the project is working to pass on packaging and distribution functions to a local business or a PVO. There is however an intention to do that before the end of the project. Viable commercial partners with a potential to assume some of the project activities
include: (1) Groupe Santé, and (2) Geochim. Both are wholesalers.

* The marketing unit of PSI is working closely with the National AIDS Control Program (NACP) to develop and implement a promotional campaign. Airing the play "Marriage avec le Condom," supported by the NACP helped the project to get free publicity.

* The project works closely with "SWAA"; an indigenous group of women active in the area of AIDS control.

* There is an indication that vendors participate in project implementation. Vendors have accepted to sell the condoms which are sensitive products in Cameroon. They help the project by placing posters/boxes and other promotional materials in their shops. The wholesalers also recruit new vendors. This input helps to increase sales.

* The MOH cannot assume the functions for this project. Therefore PSI is planning to sustain the activities through the private sector or through another organization. This means that the project will have to invest in identifying the counterpart and allow time and resources to be invested in skills transfer.

III. Project Sustainability - Behavioral Changes

<table>
<thead>
<tr>
<th>INDICATORS</th>
<th>AIDS KAP STUDY</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of students that know Prudence/Promesse</td>
<td>88.1%</td>
</tr>
<tr>
<td>% of students always using condoms</td>
<td>17.9%</td>
</tr>
</tbody>
</table>

Notes:

★ Promoting behavioral change is a key component of the project's strategies to reach sustainability.

★ There is an indication that the project's media campaign has increased knowledge about condom use. The project carried out one KAP study about AIDS/STDs and condom use among university students. No other specific studies on behavioral change has occurred. The increasing number of condoms sold over the years is a significant indicator of increased knowledge and practices. (see graph) No comparative studies, however, were conducted to test whether there is a change in behavior due to project implementation.

★ The condom is a sensitive commodity in Cameroon but because of the AIDS Pandemic, people have changed their
attitude. A study carried out by the project confirmed this theory. Project staff believes that increased condom use in the country is directly linked to project interventions. The fact that PSI shared information about AIDS/STDs, family planning, and the importance of condom use, with the general public, has helped to overcome the stigma. These efforts were designed to increase the condom acceptance rate among the public. It is believed that the other two products (Biosel and Novelle) will follow the same pattern. Anecdotes to project staff confirmed that the demand for them is already present.

Q. Do community members see this project as effective?

R. Since the project does not work with community members or groups, the evaluation could not address this question.

Q. Is there a demand in the community for the project activities to be sustained?

R. Increasing sales figures also confirmed the fact that there is a need for project inputs. The project has created a demand for the condoms. Condom sales are increasing steadily. When the ORS and the OC will be launched, the demand for these products will also be created. There is every reason to suspect that similar success will become apparent when BIOSEL and NOVELLE are launched. Indeed, pharmacists aware of PSI's ORS are already putting pressure on the project to release the product as soon as possible.

Q. Do local organizations see the project as effective?

R. By introducing the products into the private sector distribution systems, PSI/Cam created widespread availability of products essential to child survival. Concurrent with this availability, PSI provides mass media support in collaboration with the Ministry of Health and enlists ONGs support at the community level. These three complementary interventions raise public awareness concerning a public health issue—and this awareness is sustained by its attachment to a concrete product purchased and used by the consumer. This attention to the promotion of behavior change is fundamental to PSI's project strategies. The success of this approach is apparent in the community's use of the PSI brand name, PRUDENCE, as a synonym for "condom" and PSI is constantly soliciting for support of local activities related to condom awareness.

Q. Are there any concrete plans for project activities to be institutionalized by local NWs?
R. PSI does intend to "institutionalize" by creating a local NGO. As it stands, there is only one expatriate on staff, the project director, and her principle roles are focused on general coordination, ministry relations, and fund-raising. In short, the step to institutionalization is an easy one for PSI/Cameroon to take.

Q. Is the MOH involved in the project? Does the MOH see this project as effective?

R. The involvement of the MOH in the project is described above. The Ministry of Health sees PSI/Cameroon's child survival project as the solution to an essential problem with the Cameroonian health care system—accessibility to essential "medicines". The MOH does not have the technical know-how to use private sector marketing techniques (i.e., product branding, market research for pricing, developing point of purchase materials, etc...) and rightly so, does not anticipate developing this sort of expertise. Conceivably, the MOH could take over these activities by subcontracting directly with an NGO—but the current economic situation puts this alternative out of the question for the time being.

Q. Are there any concrete plans for the MOH to continue particular project activities after funding ends?

R. It is unrealistic to expect that the project will become self-supporting in the short term. PSI's pricing is generally based on the GNP to ensure product affordability and the highest possible volume of sales. Revenues do not cover all variable costs, much less operational expenses. When considering financial sustainability, what should be examined is the cost of delivery—and PSI is extremely efficient.

Conclusion: The project strategy is based on strictly business rules and procedures. By keeping the number and percentage of sales where they are, the project will be able to maintain a viable cash flow that when transferred to a local group could be sustained.

The ultimate sustainability of project activities will be the change in the population behavior. This will lead to an increase demand for the products that could be satisfied through the private sector. The pricing issue will continue, however, unless the government subsidizes the products and/or cheaper production and supply systems are instituted. Since most contraceptives and ORS packets are provided by external donors, the issue of the cost of the condoms might not surface for the next few years.
f) The Compatibility of AID's PVO Child Survival Program with Social Marketing Projects

Q. Is the AID PVO Child Survival paradigm compatible with social marketing projects? If so how has this facilitated project implementation? If not, what was the impact?

R. In theory, the PVO Child Survival Program should be compatible with social marketing projects. Social marketing can address problems of accessibility and affordability on a national level and nicely complements public and private sectors and community-level interventions. In Cameroon, it is a particularly appropriate approach to child survival issues because, while the Ministry is fully capable of providing training, consistent behavior change on the part of the population is hindered by periodic shortages, high prices, a limited access to products available at an affordable price only through the public sector channels.

In practice, the technical guidelines and reporting requirements insist, de facto, on a project design that differs from the social marketing model. Both USAID's Child Survival Program and PSI have been frustrated by each other's inability to meet the needs of the other party. USAID/Washington may need to evaluate its willingness to experiment with and support innovative approaches to meeting child survival-related needs expressed by the host country's Ministry of Health and supported by the USAID mission in country.

A program like PSI' needs to be encouraged because it provides an opportunity to experiment with measures that addresses availability and affordability of products. Also, it will help to test how IEC could be implemented on a national scale.

g) External Factors

Q. What external factors have facilitated or complicated the achievement of project objectives?

R. The external factors that facilitated the achievement of project objectives are:

* The creation of the condom "Promesse" stopped the negative attitude of pharmacists against "Prudence." Prudence was distributed through the informal pharmaceutical sector which is not recognized by the pharmacist community in Cameroon.

* The collaboration with the "National AIDS Control Program" led to a decrease in project costs.
The AIDS pandemic, promotional activities by the MOH, AIDSCAP, and other institutions, and the widespread distribution of the condoms led to an increase in condom sales.

The existence of a new organization for women (SWAA) working to help women to fight AIDS infection, the active participation of other institutions NGOs in helping PSI promote and distribute the condoms, and the creation of "Théatre de Prostitutes" helped the project to increase the number of products sold.

The GTZ and the National AIDS Control program has already laid the initial groundwork informing the population about AIDS; demand existed when PSI initiated its interventions in 1989.

There are no other inexpensive condoms on the market (such as the Korean condoms found in Kenya).

No-one, not even the Ministry of Public Health, distributes condoms for free on any significant basis. PSI/Cameroon receives condoms and oral contraceptives for free through bilateral assistance from Cameroon's USAID mission. As such, PSI can establish pricing based on the population's ability to pay rather than on the need to establish a revolving fund by recovering commodity costs. Therefore, the project can provide affordable ORS to the beneficiary population.

UNICEF is very interested in furthering the promotion of ORS use in Cameroon and is interested in coordinating message development and distribution with the Ministry of Health and PSI.

The Ministry of Health recently launched a family planning logo, raising public awareness of family planning issues and stimulating the interest of other donors (notably GTZ) in more active promotion of family planning.

The external factors that complicated the achievement of project objectives are:

The delay on the part of the MOH on granting PSI the license to distribute Novelle and Biosel.

The decision by AID/Washington not to allow PSI to distribute ORS until extensive testing on the product is completed.

The reluctance of some segments of the population to use condoms i.e. religious leaders, and the reluctance of some pharmacies to sell "Prudence" slowed down condom sales.
The agreement with the MOH for the distribution of the condom was not signed until June 1993. The agreement does not cover the distribution of ORS and oral contraceptives. Separate amendments are currently in the works.

There is little administrative support from the government. PSI does not benefit from free airtime or free press space.

Because of the commercial nature of its operation, PSI has experienced more problems than expected.

A few months into the child survival program, AIDSCAP, and PSI as subcontractors, initiated the promotion of an innovative STD kit. Certain aspects of the kit's project design created concern at the ministry level and this hurt PSI from a political standpoint, delaying the country agreement and creating an atmosphere of mistrust. These problems have only recently been resolved.

PSI's counterparts in the Division of Preventive and Rural Medicine and the Division of Family and Mental Health have never worked with a project seeking regulatory approval and were unable to provide administrative support or guidance.

II. Specific Social Marketing Issues

a) Process Indicators

Q. What background research, formative or marketing, was conducted before program initiation? Was this research necessary? appropriate? methodologically valid?

R. The project completed five market research studies for brand development, pricing, and packaging; seven consumer research studies evaluating the effectiveness of promotional materials and marketing strategies, and five KAP studies to date. A list of all the 17 studies and their objectives are listed in Appendix D. The results of the surveys and the studies were used to develop, implement and refine project strategies/activities. All research was necessary to determine the level of knowledge/attitude of people and model marketing and distribution strategies accordingly. Also the results of the studies were used by the midterm evaluation team to develop indicators.

Q. How were research results applied to program implementation?
R. The research results were used to develop and refine program strategies and develop the indicators for the project's monitoring system. The project uses these indicators, to track project progress. This function is the responsibility of the research unit which conducts periodic studies.

The project tracking system is structured to follow distribution and sale of products. A copy of the system is in Appendix G. The system is in use because it is a part of PSI\Cam financial system. It does not track issues such as attitudes, knowledge, product use, brand recognition, pharmacists client counselling, and referral behaviors.

The following table quantifies the project's monitoring system. Please refer to section A.c of this report for further discussions on the project's process indicators.

<table>
<thead>
<tr>
<th>INDICATORS</th>
<th>ACHIEVED BY YEARTWO</th>
<th>NOTES</th>
</tr>
</thead>
<tbody>
<tr>
<td># of monitoring reports completed (sales)</td>
<td>1 monthly &amp; 1 annually</td>
<td></td>
</tr>
<tr>
<td># of monitoring reports completed (marketing)</td>
<td>Only active.</td>
<td>Not formal</td>
</tr>
<tr>
<td># of monitoring reports completed (research)</td>
<td>only active.</td>
<td></td>
</tr>
<tr>
<td># of pharmaceutical distributors that maintain</td>
<td>3</td>
<td>Develop an</td>
</tr>
<tr>
<td>detailed statistics on their sales</td>
<td></td>
<td>annual plan</td>
</tr>
<tr>
<td># of consumer intercept studies (DIP p.22)</td>
<td>1*</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(Prudence)</td>
<td></td>
</tr>
</tbody>
</table>

* The image and the acceptance of "Prudence" among the population in Douala and Yaoude.

Notes:
- "Prudence" is everywhere in the towns of Douala and Yaounde.

- The project has nine pharmaceutical wholesalers; six are small but the other three are maintaining records about their clients. (Laboex, Pharmacom, ComPharm)

Q. Were measurable objectives developed for the program based on this research?
R. Project objectives were developed during the writing of the proposal. Measurable objective indicators were developed based on the formative and marketing research described in appendix D.

**Conclusion:** The project completed a large number of market research, consumer research, and KAP studies to date. The research results were used to develop and refine program strategies and develop the indicators for the project's monitoring system. This component of the strategy was effective in developing process indicators.

**b) Impact Indicators**

**Q. Did the sales of child survival products increase? Did the target audiences' knowledge of the product increase? Did their correct use of the product increase?**

R. Because the project distributed only two brands of condoms during the last two years, discussions about the project's impact will be limited to child spacing and AIDS/STDs prevention. The reason that impact indicators for ORS packages and oral contraceptives are included is because they have changed during the last two years; since the development of the project proposal.

Please refer to the graph in section A.c. It demonstrates the increased sales of condoms over the years. Knowledge of the product has also increased as explained in several sections of the report. Correct use of the condoms could be indirectly demonstrated by the fact that complaints have stopped when the project placed an insert in the package showing how the condom should be used.
<table>
<thead>
<tr>
<th>INDICATOR</th>
<th>ACHieved by Year Two</th>
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<tbody>
<tr>
<td>% of mothers w/ children U5 who consider ORS packages to be affordable and available in their neighborhoods</td>
<td>27.9%</td>
</tr>
<tr>
<td># of pharmacies/clinics in neighborhoods that sell the project products</td>
<td>289</td>
</tr>
<tr>
<td>% of mothers w/ children U5 with demonstrated ability to prepare and use ORS</td>
<td>22.72%*</td>
</tr>
<tr>
<td>% of children 0-5 who received ORT in most recent diarrheal episode</td>
<td>48%</td>
</tr>
<tr>
<td>% of children 0-5 with onset of diarrhea in last 2 weeks who received ORT</td>
<td>45.5%</td>
</tr>
<tr>
<td>% of children 0-5 who continued feeding or breast-feeding during last used ORT</td>
<td>68.1%</td>
</tr>
<tr>
<td>% of mothers able to cite two signs of dehydration</td>
<td>57.96%</td>
</tr>
<tr>
<td>% of women 15-49 in union currently using modern contraceptives last 3 mo.</td>
<td>19.3%</td>
</tr>
<tr>
<td>% of women 15-49 in union who gave birth in previous 15 months using modern contraceptives</td>
<td>No data</td>
</tr>
<tr>
<td>CYP calculation achieved</td>
<td>107,964</td>
</tr>
</tbody>
</table>

* Mothers cited at least three correct steps for ORS preparation.

Notes
- The project carried a study among university students to measure the level of condom usage. The results showed that 79.6% used condoms at least once, 17.9% used it all the time, and 20% used it once every 2 sexual contacts.
Conclusion: The increased sales of condoms over the years, the increase in knowledge of the products, the improvement in condom use, and the large number of CYP achieved, demonstrate that the project had an impact.

C) Outcome Evaluation

Q. Do current health statistics concerning: STD/HN infection rates, birth, pregnancies etc., support the hypothesis that the project has had an impact?

R. A recent report published by the MOH shows that the number of diagnosed AIDS cases in the country has dropped in 1993.

This table shows the cumulative number of diagnosed AIDS cases per year.

<table>
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<tbody>
<tr>
<td>21</td>
<td>20</td>
<td>33</td>
<td>60</td>
<td>183</td>
<td>604</td>
<td>1308</td>
<td>870</td>
</tr>
</tbody>
</table>

Since the number of diagnosed AIDS cases represents only a small fraction of the total number of infected persons estimated at 10,000 by the National AIDS Control Program, it would not be statistically appropriate to use even as a proxy to measure the effectiveness of the condom distribution strategy. This issue could be addressed through case-control studies.

III. Conclusions and Recommendations

Q. Does this project, as implemented, represent a good use of child survival funds, as compared to other alternatives (if any)?

R. Point A.b of this report, provides a detailed discussion of why child spacing and control of diarrheal diseases are key elements of any child survival program in Cameroon.

The social marketing approach used in this project provides an additional value to the child survival program managed by the AID/PVC office. The program evolved over the years around the concept of community based development. This was mostly due to the fact that most of the participating PVOS have community based programs. Despite the large experience acquired through the years, many issues are still unresolved. This project addresses three of those issues: (1) how the CS approach could be expanded nationally,
(2) what is the role of the private sector in CS programs, and (3) how PVOs can participate in solving problems of accessibility, availability, and affordability of CS related products.

The project, through its media campaign, and promotional activities educates parents about AIDS, STDs, child spacing, and diarrhea. The project also helps to increase the knowledge of adolescents about AIDS and STDs and how to protect themselves against the infection; this could be their only protection. By largely increasing the number of people who know enough about an issue, support mechanisms for the adoption of protective behaviors will be created.

Social marketing is an extremely effective and efficient means for disseminating child survival messages and encouraging behavior change in an environment where accessibility is a major issue--such as that found in Cameroon. Creating linkages between messages and concrete products--the purchase of which may be considered the first step in changing behavior--ensures a lasting awareness of the solution to a public health problem. As witnessed by the growing sales (and repeated sales) of condoms in Cameroon, PSI and its collaborators have been successful in stimulating behavior change.

The public nature of a national social marketing program has the added advantage of attracting organizations with related activities. When this attraction is consummated by collaborative activities at the community level, child survival messages are reinforced. Properly managed in collaboration with the Ministry of Health, a well-executed social marketing program can serve as the unifying force behind a campaign waged by diverse organizations. According to USAID/Cameroon, the Minister of Public Health himself has noted that PRUDENCE PLUS is the backbone of AIDS interventions in Cameroon.

In conclusion, this project represents a good use of child survival funds.

**Q. What actions, if any, could be taken to improve the efficiency and impact of this program?**

**R.** The recommendation section of this report addresses this issue in detail.
APPENDIX A

Scope of Work

PSI/Cameroon Child Survival Mid-Term Evaluation

1. The Evaluator will spend 10 working days in Cameroon collecting and reviewing project documents, interviewing project staff, USAID/Cameroon Mission staff, Ministry of Health personnel, and any other appropriate individuals or organizations. The evaluator will then have 5 working days to prepare the evaluation report.

2. The evaluator will submit the draft report to PSI on December 24th, and finalize the report based on PSI's review by December 31st. PSI will submit the final document to the Office of Child Survival on/about December 31.

3. The evaluator will lead a team of four persons. The other three team members will include: PSI's Technical Advisor (Country Representative), The Director of Research and Communication from PSI/Cameroon, and a child survival specialist from the Ministry of Health.

4. The evaluation will address the following issues and shall be structured as follows:

I. General Programmatic Issues
   a) Accomplishments
      Has the project accomplished the goals established for the first 18 months as outlined by the Project Paper? The evaluator will review and analyze project accomplishments to date.

   b) Relevance to Child Survival Problems
      What are the major causes of child mortality and morbidity in the project area? Do the project's interventions address these issues?

   c) Effectiveness
      What is the relationship between accomplishments for this period and objectives for this period? Has there been sufficient progress in meeting stated objectives and yearly targets? Are targeted high-risk groups being reached effectively? If not, what are the constraints to meeting objectives and to reaching high-risk groups?

   d) Design and Implementation
      Are there any particular aspects of the project design or implementation which may be having a positive or negative effect on meeting project objectives?

   (1) Community Education and Social Promotion
      What is the balance between health promotion/social mobilization and service provision in this project? Is the balance appropriate? Is education linked to
available services? Has the project carried out any community information, education, or communication activities? Was there any attempt to utilize knowledge and practice data, or data from focus groups, in-depth interviews, etc. in developing the messages? Have the messages been tested and refined? How does the PVO ensure that messages to mothers are consistent?

Does the project distribute any printed materials? Did the PVO pre-test printed materials? Do members of the community regard these materials as simple, useful, and of value? Has the project been creative in its approach to community education, such as incorporating any non-traditional or participatory education activities? Has the project assessed the level of learning that has occurred with these methods, or is the evidence for effectiveness anecdotal?

(2) Human Resources for Child Survival

How many persons are working in this child survival project? Does the project have adequate numbers and mix of staff to meet the technical, managerial and operational needs of the project? Do these staff have local counterparts? Are community volunteers taking part in this project? How many are in place? Are they multi-purpose workers or do they concentrate on a single intervention? Is their workload reasonable? How many days of initial training and how many days of refresher training have they received since the start of the project? Is there evidence the PVO carried out a needs assessment before embarking on initial and refresher training? Was the training methodology appropriate for the nature of the health workers jobs? Was the length of training sufficient to prepare the health workers to carry out assigned tasks?

(3) Supplies and Materials for Local Staff

What educational or other materials have been distributed to workers? Do these materials or supplies give any evidence of being used? Are they valued by the health worker? Are they appropriate to the health worker's job? Do the local staff volunteers have the necessary materials, supplies, and equipment to carry out their current responsibilities?

(4) Quality

Do the local project staff currently have the technical knowledge and skills to carry out their current child survival responsibilities? Do the local staff counsel and support mothers in an appropriate manner?
(5) Supervision and Monitoring

What is the nature of supervision and monitoring carried out in this project? Is it field-based supervision? Has supervision of each level of health worker been adequate for assuring quality of services? From the viewpoint of the health worker, how much of the supervision is counseling/ support, performance evaluation, on-the-job education, or administration? What are the monitoring and supervision requirements for the remainder of the project?

(6) Use of Central Funding

Have administrative monitoring and technical support from the PVO regional or central offices been appropriate in terms of timing, frequency and needs of the field staff? If not, what constraints does the project face in obtaining adequate monitoring and technical support from PVO regional or central offices? How much central funding has A.I.D. given the child survival grant for administrative monitoring and technical support of the project? Do these funds serve a critical function? Do this function appear to be underfunded or overfunded? Are there any particular aspects of A.I.D. funding to the central office of the PVO that may have a positive or negative effect on meeting child survival objectives?

(7) PVO’s Use of Technical Support

What are the types of external technical assistance the project has needed to date, and what technical assistance has the project obtained? Was the level of technical support obtained by the project adequate, straightforward and worthwhile? Are there any particular aspects of the technical support (from all sources) which may have had a positive or negative effect on meeting project objectives? (For example, consultant visits, evaluations, workshops, conferences, exchange field visits). Is there a need for technical support in the next six months? If so, what are the constraints to obtaining the necessary support?

(8) Assessment of Counterpart Relationships

What are the chief counterpart organizations to this project? What collaborative activities have taken place to-date? Are there any exchanges of money, materials, or human resources between the project and its counterparts? Do the counterpart staffs have the managerial and technical capacity to eventually take on the functions necessary to operate effective child survival activities? Is there an open dialogue between the PVO project and
counterparts? Please describe the relationship between the project's social marketing activities and IEC activities in CDD and condom promotion that are carried out by the project and MOH. How are these activities coordinated?

(9) PVO/NGO networking

What evidence is there of effective networking with other PVOs and NGOs working in health and child survival? Are there any particular aspects of the situation which may have had a positive or negative effect on networking? Can the project cite at least one lesson learned from other PVOs or from other child survival projects?

(10) Budget Management

How does the rate of expenditures to-date compare with the project budget? Is the budget being managed in a responsible, but flexible manner? Can the PVO justify budget shifts that may have occurred? Can the project achieve its objectives with the remaining funding? Is there a possibility that the budget will be underspent at the end of the project?

e) Sustainability

What are the steps the project has undertaken to promote sustainability of effective child survival activities once project funding ends? Do community members see this project as effective? Is there a demand in the community for the project activities to be sustained? Do community members see this project as effective? Is there a demand in the community for the project activities to be sustained? Do local organizations see the project as effective? Are there any concrete plans for project activities to be institutionalized by local NGOs? Is the MOH involved in the project? Does the MOH see this project as effective? Are there any concrete plans for MOH to continue particular project activities after funding ends?

f) The compatibility of AID's PVO Child Survival Program with social marketing projects;

Is the AID PVO Child Survival paradigm compatible with Social Marketing programs? If so, how has this facilitated project implementation? If not, what was the impact?

g) External Factors

What external factors have facilitated or complicated the achievement of project objectives?

h) Recommendations

What step should be taken by PVO field staff and headquarters for the project to achieve its output and outcome objectives by the end of the project? Are there any steps the project and PVO headquarters can take to make the project activities
more sustainable? Are there any steps the project and PVO headquarters should take to make the project activities more sustainable? Are there any steps the project and PVO headquarters should take to make the project activities more applicable, the staff more competent, or the services of higher quality? Are there any steps the project and PVO headquarters should take to make sure the lessons learned by this project more widely known by other child survival or development projects sponsored by A.I.D., or by the PVO? Finally, are there any issues or actions that A.I.D. should consider as a result of this evaluation?

g) Summary
Write a brief summary, no more than one page, of the highlights of the midterm evaluation covering: composition of the evaluation team; time spent; total costs; field visits; quantitative/qualitative methods; main project accomplishments and measurable outcomes; assessment of applicability and quality of child survival programming; relevance of lessons learned to other child survival and community development programs; key recommendation; planned or actual feedback of evaluation results; author(s) of the midterm evaluation report.

II. Specific Social Marketing Issues

a) Process Indicators
What background research, formative or marketing, was conducted before program initiation? Was this research necessary? appropriate? methodologically valid? How were research results applied to program implementation? Were measurable objectives developed for the program based on this research?

b) Impactors
Did sales of Child Survival products increase? Did the target audiences' knowledge of the product increase? Did their correct use of the product increase?

c) Outcome Evaluation
Do current health statistics concerning: STD/HIV infection rates, births, pregnancies etc. support the hypothesis that the project has had an impact?

III. Conclusions and Recommendations

a) Does this project, as implemented, represent a good use of Child Survival funds, as compared to other alternatives (if any)?

b) What actions, if any, could be taken to improve the efficiency and impact of this program?
FINAL EVALUATION
SCHEDULE OF ACTIVITIES

12/3  PSI - Washington
      - Document review
      - Meeting with David Greely
         John Berman
         Judith
         Jaime Enriguez
      - Travel logistics

12/4  Travel to Cameroon

12/5  Project Document review
      Meeting with Terry

12/6  Project Document review
      Meeting with Terry Gruber-Tapsoba
         Foyet Tchechoupie Leger
         Mossa Abbo
         Tchupoo Jean Paul

12/7  Travel To Yaoude
      Meeting with Dr. Ncharre, Directeur Adjoint
         Direction Medecin Preventive et Rural - MOH
      Meeting with Dr. Philippe Tsitsol, Directeur
         Direction Sante Familial et Mentale
      Mr. Alexis Boudpa, AIDSCAP
      Mr. Paul Delon, IEC specialist

12/8  Meeting with Richard Green, USAID Cameroon
      Dr. Roger Salla, Directeur
         Unite Lutte contre le SIDA - MOH
      Development of Evaluation Indicators
      Identification of source of data for each component of
      the evaluation report

12/9  Finalization of indicators
      Development of plans for focus group interviews
      Meeting with Dr. Bollo Epee, Pharmacist ONAPHARM
      National organization for pharmaceutical quality

12/10 Meeting with Mary Louise
      Finalization of Plans for focus group interviews
      1. Individual interview with 4-6 pharmacists
      2. In depth Interviews with 2 focus groups
         each made of 5-7 street vendors.

12/11 Consolidation and analysis of interviews results

12/12 Continue consolidation and analysis
Development of the questionnaire for the focus group discussions
Draft report outline and identify important missing segments

12/13 Finalize focus group/interview questionnaires
Draft report writing

12/14 Interviews/focus groups
Begin analysis, cleaning and data entry for the results of the interviews
Draft report writing

12/15 Interviews/focus group completed
Analysis, cleaning and data entry for the results of the interviews completed
Draft report writing

12/16 Draft report writing
Organization of appendices

12/17 Discussions of the evaluation results and development of recommendations
Complete all missing segments and appendices
(A copy of the key segments will be left in the FO)

12/18 Travel to New York
APPENDIX B

LIST OF DOCUMENTS REVIEWED

PSI CHILD SURVIVAL SOCIAL MARKETING PROJECT

1. Project Proposal - December 1990
2. Project Detailed Implementation Plan - June 1992
   Deborah Helitzer-Allen, Sc.D.
5. Project baseline survey draft report - November 1993
7. Related correspondence:
10. Enquete demographic et de santé - Cameroon - 1991
11. All study and survey reports completed by the project (Appendix D)
APPENDIX D

LISTE DES ETUDES FAITES DANS LE CADRE DU PROJET CHILD SURVIVAL

01 Le préservatif PRUDENCE, son public et son image dans les villes de Daoula et Yaoundé; Sept. 1991
Objectif: - Déterminer le profil du consommateur de Prudence;
- Identifier les lieux d'approvisionnement;
- Déterminer les modalités d'utilisation ou de la non utilisation des condoms et leurs determinants.

02 Etude comparative des condoms SULTAN, PANTHER et GREEN CROSS; Jan. 1992
Objectif: - Déterminer l'acceptabilité des condoms SULTAN, PANTHER, et GREEN CROSS dans une population à risque.

03 Test d'emballage du condom PROMESSE; Fev. 1992
Objectif: - Chercher l'emballage le plus approprié pour le conditionnement de PROMESSE.

04 Etude sur la possibilité de faire des salons de coiffure des points de vente des condoms adressés aux femmes; Dec. 1992
Objectif: - Evaluer les salons de coiffure comme circuit intermédiaire de distribution des condoms adressés aux femmes.

05 Entretien structure (Focus Group) avec les femmes sur les condoms destinés aux femmes; Dee; 1992
Objectif: - Déterminer L'emballage préféré; Le meilleur slogan; Le meilleur nom.

06 Recherche du complément d'information sur le plan détaillé de réalisation du projet "survie de l'enfant"; Avr. 1992

07 Test de logo de la pilule NOVELLE; Avr. 1992
Objectif: - Trouver le logo approprié pour l'emballage d'un sachet de NOVELLE.
03 Entretien structure (Focus Group) sur "femmes et pilules" et perception des affiches de la pilule NOVELLE; Dec. 1992
Objectif: - Déterminer L'emballage préféré; Le meilleur slogan; Le meilleur nom.

09 Test de conditionnement de NOVELLE; Nov. 1992
Objectif: - Trouver le meilleur conditionnement pour Novelle

10 Test de logo BIOSEL; Juin. 1992
Objectif: - Trouver le logo le plus adapté pour un sachet de BIOSEL.

Objectif: - Déterminer le type de prkentoire adapté pour la distribution des SRO dans les pharmacies.

12 Test de conditionnement et de prix de vente de BIOSEL; Sept. 1992
Objectif: - Trouver un modèle de conditionnement adapté pour BIOSEL;
- Déterminer le prix de vente d'un sachet de BIOSEL.

13 Test d'affiches promotionnelles de BIOSEL; Nov. 1992
Objectif: - Déterminer la meilleure maquette possible (image, accroche et signature) pour la confession d'une affiche promotionnelle de BIOSEL.

14 Child survival baseline study; Oct. 1993
Objectif: - Déterminer le niveau de connaissances, les attitudes et les pratiques thérapeutiques en cas de diarrhée et de la déhydration;
- Connaître les méthodes contraceptives les plus utilisées.

15 Étude media; Bikanda Conseils; S.A
Objectif: - Connaître les canaux de communication les plus écoutés;
- Ddgager le taux d'écoute des messages axés sur les condoms par type canal;
- Evaluer le taux de mémorisation des messages par canal.
16 Les étudiants des Universités de Yaoundé et de Douala face aux MST et SIDA: Connaissances, attitudes et comportements; Oct. 1993
Objectifs: - Evaluer le niveau de connaissance des MST et du SIDA;
- Évaluer la perception des condoms et son rôle dans la prévention de ces maladies;
- Dégager les différentes raisons d'utilisation ou de la non utilisation des condoms;
- Identifier les problèmes rencontrés pendant l'utilisation des condoms.

17 Données de base sur les MST à Douala et à Yaoundé et Prise en charge des MST à Douala et à Yaoundé.
Objectifs: - Déterminer la prévalence des MST et les conduites thérapeutiques utilisées;
- Évaluer le niveau de connaissance des condoms et leur rôle dans la prévention des MST et du SIDA.
Appendix E

Technical Assistance FY 92

The project received technical support from a number of different institutions. PSI headquarters (Washington, D.C.) staff members who provided technical assistance included:

* Judith Timyan, Director of Health Programs, spent a week in October 1991 assisting with project start-up and the preparation of workplans for each of the products.

* Dick Frank, PSI's President, spent two days with the project, establishing contacts with Government of Cameroon officials and with the USAID/Yacunde mission.

* Steve Chapman, Marketing Specialist, provided 10 days of technical assistance to the project in March 1992, developing and writing up a marketing plan for the project's oral contraceptive product.

* Dana Hovig, Project Officer, spent six weeks with the project in April 1992 assisting with the preparation of the launch of the PROMESSE condom and with the development of the BIOSEL product.

* Carlos Ferreras, Director of Marketing, spent three days with the project in June 1992, helping to refine marketing strategies and assisting with the product launch preparation.

* Peter Clancy, Project Director of PSI's social marketing project in Cote d'Ivoire spent ten days in June 1992 assisting with the launch of PROMESSE and taking over management duties during the absence of Tim Manchester, Project Director.

Glen Wasek, Vice President for Marketing from John Snow, Inc. was sent to the project as a consultant from A.I.D.'s R&D Office of Population in December 1991 to assess the oral contraceptive marketing strategy.

The PRITECH project provided intermittent technical support throughout the year through the collaboration of its resident project manager, Hugh Waters, who assisted with various aspects of the development of BIOSEL. Camille Saade, marketing specialist from PRITECH/Washington, provided a week of assistance to the project in September 1992 in the preparation of a marketing plan for BIOSEL.
Technical Assistance FY 93 and early FY 94

Alex Brown, VP of Operations, spent two weeks in March 1993 on administrative and programmatic issues.

John Berman, Program Manager, spent two weeks in March 1997 and conducted a project review and developed an operational budget.

John Diedrick, Program Manager, spent three weeks in April 1993 and opened/managed the Yaounde liaison office.

Gordon Stewart, Intern from the Yale School of Management, spent two months, mid-June to mid-August, developing information systems, training staff in computer usage, preparing internal cost analyses of the different products, and assisting with personnel issues (job description development, payroll development).

Sherrill Lybrook, MPH, Intern from Emory School of Public Health, spent two months (mid-September to mid-November, 1993), working with the Research Staff on the design, implementation, coding, and initial analysis of the Child Survival Base-Line Study, and the development of protocols for a retail audit and a condom usesurvey.

Clayton Davis, Program Manager, spent three weeks in October 1993, adapting the PSI/Cameroon accounting system to the new chart of accounts and training the accountant.
APPENDIX F

PERSONNEL CONTACTED/INTERVIEWED

Ministry of Health:

1. AIDS Control Unit (Unite de Lutte Contre le SIDA)
   Dr. Roger Salla, Director
   Mr. Paul Delon, IEC specialist

2. Preventive and Rural Medicine Division
   (Direction Medecine Preventive et Rurale)
   Dr. Ncharre, Assistant Director

3. Family and Mental Health Division
   (Direction Sante Familiale et Mentale)
   Dr. Tsitsol, Director

4. National Organization for pharmaceutical quality
   (ONAPHARM)
   Dr. Bollo Epee, Director

International NGOs and Projects
Mr. Alexis Boudpa, AIDSCAP Representative

USAID
Mr. Richard Green, HPN officer
Jean Bango

Project Staff
Terry Gruber-Tapsoba, Resident Advisor
Moussa Abbo, Director, Sales and Distribution
Jean paul Tchupo, Director, Research and Communication
Foyet Leqer, Assistant Director, Research and Communication
Marie Louise Balenq, Director, Marketing
### APPENDIX G

#### État des Ventes et Déploiement Projetuts par Zone et Mois Novembre 1982

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TOTAL NOVEMBER 97
APPENDIX H

LIST OF MATERIALS DEVELOPED BY THE PROJECT

List of promotional materials:

Prudence
1. Pamphlets Prudence plus + awarness about AIDS
2. Pamphlets Mod d'emploi
3. Poster Prudence Plus
4. Calender 1992
5. Calender 1993
6. Spot radio 30 seconds
7. TV documentary
8. Talk shows on TV
9. Vespa
10. Plaque PVC Indique point de vente
11. Stikers
12. **Banderoll**
13. T-shirts
14. Bags
15. Kiosks
16. Cartouche prudence qeante
17. Paneaux publicitaire
18. Plaque Pour les vehicules

Promesse
1. Prospectus (petit *papier distribuer*)
2. Poster
3. Spot radio
4. Jeu question reponse
5. stickers
6. Presentoire
7. Banderole
8. T-Shirt

Biosel
1. Bande dessines
2. mailing
3. carte posologique
4. Calendrier 1993
5. T-Shirt

Novelle
1. Insert syntex
2. Pamphlets
3. Notice posologique
4. Mailing
5. Poster
6. T-shirt
7. argumentaire developer
8. carte posoloqiques
Pour motiver les consommateurs acquérs des condoms et attirer les potentiels vers un comportement d'achat, PSI a organisé des campagnes promotionnelles propres à lui et a participé à d'autres campagnes multisectorielles :
- 1 semaine de jeux questions réponses à FM Yaoundé à l'occasion lancement PROMESSE ;
- 3 mois de jeu questions réponses à la radio Maroua pour le lancement PRUDENCE PLUS dans la province ;
- 2 semaines de jeux questions réponses par la caravane publicitaire dans la partie septentrionale du Cameroun ;
- Participation à la foire culturelle de Garoua ;
- Participation à la foire régionale de Bafoussam ;
- Participation à la foire nationale de Yaoundé ;
- spots publicitaires radio nationale, FM Douala et FM Yaoundé - Sponsors des activités culturelles de 6 établissements scolaires et leur sensibilisation ;
- Sponsors de 2 équipes de football à Yaoundé et à Douala ;
- Affichage banderoles PRUDENCE PLUS et PROMESSE à Yaoundé, Douala, Buea, Kumba, Bamenda et Bafoussam ;
- Les insertions publicitaires dans les journaux publics et privés ;
- Diners et cocktails au public ;
- 2 débats téleviseurs sur la nécessité d'utilisation de condoms ;
- Distribution gratuite de 48,000 condoms à travers le pays lors de la journée mondiale de SIDA et 212,000 condoms au cours de l'année pour d'autres actions de prospection, sensibilisation et sponsor ;
- Sensibilisation sur l'utilisation des condoms à travers de modes d'emplois insérés dans chaque paquet de PRUDENCE PLUS ;
- En Decembre 1992, PSI a lancé une grande campagne promotionnelle de jeu grattable qui a regroupé les supports publicitaires suivants : radio, affichettes, télévision, publicité sonorisée. Ce jeu consiste à acheter un paquet de FORUTENCE PLUS et de gratter la richette à l'intérieur. Il donne la possibilité de gagner des paquets de condoms, des t-shirts, des sacs écoliers et le gros lot une Yamaha 100.
APPENDIX I

SUMMARY OF FOCUS GROUP DISCUSSION WITH PHARMACISTS

We had a group discussion with two pharmacists, while three others were met in their offices for individual discussions.

I/ PROVISION OF CHILD CARE

Malaria, diarrhoea, malnutrition, and AIDS were cited as major causes of infant mortality.

On problems linked to child health, they were of the opinion that, because of the hygiene and sanitation situation of the town, low standards of living due to the economic burden on families and a mosquito infested zone, diseases such as malaria, intestinal parasites, diarrhoea, malnutrition and typhoid fever were common place.

Pharmacists they agreed play a big role in the provision and acquisition of Maternal and Child health and are effectively doing it as patients come first to them now than before.

II/ RELATIONSHIP WITH PSI/M.O.H.

Some of the pharmacists had received visits from PSI agents and had stickers on Promesse whereas others had not. Some didn't even know what PSI was all about.

On their relationship with the M.O.H., they were practically non-existent. They occasionally had visits from the Inspector of Pharmacies. Any other instructions on say the ban of drugs were from the Delegate of Health. They expressed the wish to see this relationship strengthened.

III/ EDUCATION AND TRAINING

None of their workers nor they had ever participated in a seminar on maternal and child health. They would love their agents to attend any on condition that it was out of working hours. They rarely had any educational materials on child care, but if they had, it would be their role to explain and distribute them to clients. They cited the case of Rhône Poulenc's leaflet on Nivaquine. Costumers occasionally ask them how to use condoms and even take pills. They expressed the wish to see PSI work closely with pharmacists while at the same time cautioning PSI to know that the law forbids the advertisement of drugs. Community sensitization could be carried out without necessarily being in a pharmacy. Some were of the opinion that advertisements could be done over the radio/TV as they had a great impact on the population citing the case of "émail landry" (tooth paste) where clients ask it at pharmacies because TV spots.
IV/ CHOICE AND ATTITUDES OF CUSTOMERS

People regularly ask for condoms depending on their choice purchasing power. As for Prudence, most don't stock it because it is sold on the streets. People are of the opinion that good products are sold in pharmacies only. On the perception of these products, people hadly come back to give feed back. In the case of pills, they normally go back to their physicians. On Prudence one acknowledged having received a lot of complaints on the quality.

On ORS, patients come with their prescriptions from hospitals, to those who come directly to them, they give ORS plus some other drug (anti-diarrhoeal). Such drugs commonly given were: Ambatrol, Intetrix, Actapulgite, Ecerfuryl. One in answer to a discreet question on being aware of the approach of M.O.H. on anti-diarrhoeals said no. They were of the opinion that customers generally did not know how to use products, so the need to educate and inform them.

V/ DISTRIBUTION CHANNEL/PRICE

Some were of the opinion that, there was nothing wrong with the existing channels as they were very efficient, while one thought it a political issue and reserved her comments.

Profit margin being something already determined was the same as for any other drug.

On the availability of ORS, all were out of stock for a couple of months as it was no longer available at their suppliers. One had OR tablets to be mixed in one and one half liters of water. Some advice their patients to use home made solutions especially SSS in particular. One even wondered why it should be sold as it was a product by UNICEF meant to help children.

On the expiring date of drugs, they generally had no problems as they had a time limit to return unsold drugs to their suppliers. It was even faster with representatives of pharmaceutical laboratories who just collect unsold stuff and exchange.

VI/ RECOMMENDATIONS

1. PSI should work very closely with pharmacists.

2. PSI should organise workshops for pharmacy attendants so as to improve their knowledge on family planning and diarrhoeal diseases.
3. PSI should produce educational materials with clear and comprehensive messages for distribution in pharmacies.

4. PSI should conduct community sensitization campaigns in collaboration with pharmacists to talk about FP and diarrhoea.

5. Make radio/tv spots to make products known by the public.
APPENDIX J

FOCUS GROUP DISCUSSION
CONDOM RETAILLERS IN DOUALA

Introduction:

In the framework of the mid-term Evaluation of the PSI/ Camerooon Child Survival Project a focus group discussion was conducted with retailers of Condoms in Douala.

Two groups of retailers participated in the discussions, one of nine (9) retailers and the other of five (5). Altogether 13 males and one female.

The choice of participants was on the basis of being a retailer and accepted participation. Age, level of education, longevity in the profession were not taken into consideration. The languages of discussion were French, English and pidgin. The retailers sold mostly cigarettes, etc. While others sold drugs (medicines) and some sold both.

From the discussions the following conclusions could be drawn.

I/ SUPPLY SYSTEM.

Supplies were from:
- Mboppi Market/Hospicam
- Peer Educators
- Sales Van
- Motorbike Suppliers

Generally they were of the opinion that none of these suppliers were regular and so they often had stock rupture. Most recently the wholesaler Hospicam moved office and changed name without informing them, so they did not know where to get more stock. Mboppi is also the centre for supply of cigarettes and other commodities. Other articles are bought from mobile suppliers at very lucrative prices.

MEASURES TAKEN
PSI has already put a motorbike at the disposal of a supplier to be shuttling round town to re-stock retailers.

Distribution centre has been opened at march& Madagascar, so retailers around that need only to be informed its location.
II/ MANAGEMENT AND CONSERVATION

To the condom retailers, the present distribution system adopted by the project was unsustainable, because they did not know where to go for orders. In case of stock rupture, some go to the Mboppi Centre dealer while the majority are condemned to wait for their regular suppliers who were themselves very irregular. Stock rupture could last 1-2 weeks.

On expiration dates, they were of the opinion that such dates be written on the condoms. As of now only manufacturing dates feature. Unattentive customers always rush back to them saying the condoms were expired but end up being convinced after explanations.

They had no major difficulties selling condoms. On storage, sunlight damages the quality of the condoms, so they sacrifice one packet for display and the rest is stored away from sunlight. They would also love advert boards so as to make customers know condoms are available.

On the pricing system, a box of 12 packets was sold to them at between 350frs - 600frs. This to them also affected the price to their customers and at times even leads them to question the credibility of the product.

On the question of the non-respect of the official price of 50frs cfa per packet, they were of the opinion that market forces should be left to play their role. In some cases they were more expensive in front of Night Clubs, Bars, and also depended on the opulence of the customer. Prices ranged from 50frs to 200frs. They make enough profit from the sales. Averagely they sold between 2 boxes in 2 days to 10 boxes in a week.

III/ PERCEPTION OF THE PRODUCT

Other brands of condoms sold were Innotex, Promesse and Supratex, but were now not available. In general people have very good impressions of Prudence Plus. As for them vendors some use Prudence and found a very good product. A few thought that it was not very resistant and therefore prefer it to be made more resistant. Some customers would also like a notice to be inserted in the box bearing instructions on how to use it.

MEASURES TAKEN

Notices had been printed to be inserted in all packets of condoms.
IV/ COMMUNICATION & PROMOTION

None had ever participated in a workshop on techniques of marketing organised by PSI, same too no commercial agent had instructed them on marketing strategies. They never conducted publicity sessions to better their sales. The product was highly solicited. To facilitate sales they would love PSI to recognize them as their task force, produce promotional materials such as Tee - Shirts, capies, sacks, umbralas and also placards, for their counters.

MEASURES TAKEN
A Prudence contest was organised and a lot of prices were distributed to winners.

V/ ATTITUDE OF CUSTOMERS

Customers were generally men, women, boys, girls, with ages ranging from 17 to 45 years.

People were very secretive and so hardly discussed about condoms, the few who could, talked about breakages but when instructed on usage came back with a success story. They had not received complains on the prices.

MEASURES TAKEN
Flyers had already been printed to make the public know the product.

VI/ RECOMMENDATIONS

Create more distribution centres (Bepanda, Ndokoti etc)

Wholesalers should be reliable and trust worthy with uniform prices.

Continue distribution using mobile van so as to avoid stock rupture.

PSI should recognise vendors as their task force.

Advertise condoms, prices over Radio and TV so as to booster sales.

Conduct regular Quizes in the same light.

Insert notice inside condoms to instruct people on usage.

Produce promotional articles as Tee-Shirts, Umbrellas, Stickers, and Parasols for retailers.
Organise regular meetings between PSI and retailers to discuss and exchange ideas and experiences.

Bring down the prices of a box of 12 to between 300 and 350 frs cfa so as to give wider profit margin.
Diarrhea is the fourth most common cause of child mortality in Cameroon. Other causes include Malaria, ARI, and Measles.

The government has decided to stop importing diarrhea medicines such as "Ganidon" for about 5 years now. It considers ORS, using the packets, to be the treatment of choice for diarrhea and dehydration. If not available, mothers can resort to Salt Sugar Solution (SSS), home available fluids or cereal based ORT. In its efforts to reinforce this practice, the GOC has now changed the curriculum of the medical and nursing school to emphasize the use of ORS. The MOH is proceeding with a continuing training program to change the habits of physicians and nurses to prescribe ORS rather than antidiarrheal drugs.

ORS packets is listed on the essential drug list. The packets are available through pharmacies and health centers. They are not yet allowed to be sold on the open market, i.e., by non-health professionals. The MOH target is to reach 80% of the population with ORS coverage. The problem, however, is accessibility and affordability. ORS is not available in large enough quantities on the market to satisfy demand and keep prices down. Also, the limitation of the private and the public formal health system in reaching a large segment of the population complicate the issue of accessibility. As for affordability, the MOH aim is to maintain the price at 50 FCFA per package. The MOH policy is not to control prices but would like to see the prices fixed at a level affordable to the poor. The MOK also does not want to compromise private sector initiatives that help in making ORS available on the market.

PSI works with both the private and the public sector and honors the government's essential drug policies. Their interventions will partially solve the problem once Biosel is distributed. The price set by the project, 75 FCFA per ORS packet, will be acceptable.

There is good collaboration between PSI, MOH, and Pritech in the development of the all messages and printed materials. PSI worked very closely with Pritech which is conformed with MOH policies. Once the licence for Biosel is released, the project will be allowed to distribute the packets and the printed materials, it developed, developed by the project, MOH will authorize their distribution through the public and private health system network.
The ultimate sustainability will be the change in the population behavior. The MOH cannot take over the project as designed. The government does not have the capacity, the infrastructure, or the mandate to run a social marketing program. The idea is for PSI to find a local supplier or organization to continue with the activities.

The reason the licence was delayed in October was the pricing. Two members of the committee objected to the pricing.

MOH has a good impression of the project. Dr. Ncharre recommend that the project conduct more research. He also, hope that the project continue to be conformed with national policies and to work in collaboration with the MOH.

Dr. Tisotsol, Director, KCH and Mental Health Division.

Most common causes of child mortality in Cameroon is Diarrhea, Infections, Measles, Pneumonia, and Malaria

The division of MCH and Mental Health considers Family Planning to be a child survival intervention. Child spacing is important because it will reduce malnutrition. When a family has many children, malnutrition will exits. The Division addresses the issue of Family planning by discussing it in a the context of "Responsable parenthood". Responsible parents will not have a large family to the extent that they will not be able to provide for their children.

Health centers do not dispense Oral Contraceptives (OC). Injectables are available in family planning centers, and provential hospitals. Public and private pharmacies have oc. There is a large demand for them in Cameroon. But because of the high price and the small quantities available on the market, there use is low.

The major problem for the MOH is the availability of the contraceptives. This will be partially addressed by the project once Novelle is released on the market.

The project is conformed with the MOH strategy in Family Planning. In fact the project helps the division to reach its targets by increasing the volume of contraceptives on the market; especially in the capital town of each department. The project will also increase accessibility of other regions and rural areas through its strategy of collaboration with other NGOs; especially those who are implementing community based development programs.
Pricing the project's OC "Novelle" was done by testing market power. Since the pill was a donation, the cost of the pill itself was not included in the calculation. We need to identify systems of cost recovery that will include the cost of the pill itself. Because the use of OC is on the rise, accessibility and affordability are key issues.

Some of the promotional/educational materials developed by the project was not done in close collaboration with the MOH. The current promotion strategy for "Prudence and Promesse" has been evaluated. It showed that the population are consisting in using the condoms. Feedback information from the general public are important to refine the promotion strategies. Development of messages is tricky; we need to be careful in setting up the process. The role of the private sector in the process of promotion is important.

Because the visa has not been released yet, there is no specific recommendations. We need to continue to work together. Good collaboration is important to solve problems. The project may want to organise the private sector pharmacists in focus groups to explore there level of willingness to collaborate.

Dr. Roger Sala Lutte contre le SIDA - National Program to Control AIDS

He followed the project only in the area of AIDS control. He was not involved in child survival. 5% of AIDS cases are children U5 Number of declared cases is 2924 as of 30/10/93. Estimated # of cases is 10,000 (Cummulative #)

Testing done is screening by physicians or patient want to be tested- if positive, anoterh test is done for confirmation. Screening is when the doctor expect the case. give blood the patient is informed.

Condom was not known before the SM project began. Strong point is the use private sector, partnering with wholesalers, accessibility, financial constraint. The project is conformed with the national policies. There is no national policies that restrict condom distribution. MOH promote the message of comportement Fidele (Faithful conduct)

We have to explain how to use the condoms. The project did a good thing by putting the explanation of how to use the condom in the packets.

Do education and causerie. The project need to target the youth 15-24. The rate of literacy and scolarization in Cameroon is high. Messages have to be readable by the majority of the poeple. Use mass media, press, TV Radio,
discussions, clubs, association, theatre, association village clubs. Develop a Training of trainers manual

**CSW:** 40 CSWs are leaders educatrice they conduct the training for the distribution of the condoms. Target Students, Military, and other group.

Production of materials lead to TOT curriculum lead to train leaders lead to the leaders train leur milieu.

There were no interruption of stock. Relation with partners, and the national program is good. The project signed an agreement protocole with the National programme During the Journee cameroone, PSI RA met the minister and explained the importance of the PSI program. and also asked for support to pass the licence for BIOSEL.

Sustainability: MOH will not be able to carry out activities It does not have the technical skills. Groupe Sante, associations or otehr groups can take over. Once BIOsel is introduced it will be bought also by the health centers. If a national NGO work to continue the project activities, the MOH can help and support the activity. Fo example, tax exemption.

REC: The activity of the Project work fine fro the distribution of the condoms. Follow the sales closely, continue to have the price fixed, and increase particiaption of the private sector.

Boll0 Epee, Director ONAPHARM

His job is to garantee the quality of the product that is put on the markt. This division works on the quality control of the product

The project works very closely with this division to ensure that the products are of good quality. The MOH define the quality control protocole- The protocole should be implemented. using the same process. PSI has always tested the product by his disvission before it is put on teh market. PSI is conformed wih the quality control process.

Other company may not do the testing and consequently condoms of bad quality could be on the market. The control should be done in the begining. No post distribution studies have been made or will be made.

REC: Do ppost distribution stiudies to ensure that what is on the amrket is good.

176 lots of condoms were tested by this office for PSI. 146 were accepted and 30 were rejected. If the lost is
rejected, a second test is done. If the lot is stored for more than 6 mos, the test is done again. OC are all other medicines, they have to be tested and controlled.

From 8/92 NO requests for drug testing came from the MOH. In the same period, 64 requests came from NGOs.

For BIOSEL, PSI can work directly with the quality control division. Private sector can sell condoms without licence. Cost of testing is on the private sector. When a lot is rejected, no body can distribute it. WE do focus groups
AIDSCAP has 5 projects in Somalia. PSI supports AIDSCAP because its promotion has considerably increased condom use. In addition to AIDSCAP, PSI is the only other major supplier for condoms. The government policy is the promotion of condoms and that what PSI is doing. The government also encourage the private sector participation in condom sales.

Since 1989, the prostitute theatre was created and working. CSW are selling condoms to other CSWs. They used to do wholesale and retail. now they are only involved in retail. the follow up of condom sales is done by PSI.

PSI participated in the festival organized by AIDSCAP the CSW leaders were conducting condom promotion in a PSI stand.

A competition was held with youth to come up with the best drawing representing AIDS. In 1991, six spots per day were aired on the promotion of fidelity and the use of condoms in the prevention of SIDA/STDs. media campaign increased condom sales. media interventions led to increase use of condoms bu only Prudence is available and affordable to the general public.

Journee Cameroonee du SIDA: Key policy makers and MOH key officials are reluctant to take decisions. So IEC try to persuade them and make it easy on them to take those decisions. IEC also work with state assembly and key policy makers to have the issues discussed openly on TV. It is only PSI that have a national program.

The AIDS control program in collaboration with AIDSCAP and PSI were able to put on the cameroonian TV an explicit show about AIDS. This was accepted because both the poeple want to know and the Journee camerrone helped to ease it in. This is a good alternative less costly media format such as the documentaries.

Project has asked the MOH for their opinions before printing this left a good impression and improve relation with the MOH. this was not the case before Terry came on board.

PSI helped AIDSCAP to train CSWs in marketing. Every time their is a visit from AIDSCAP HQ, they visit the PSI office. Contacts between AIDSCAP and PSI is continuous. AIDSCAP provided PSI with TA to review messages on the promotion of
the materials. There is exchange of materials between AIDSCAP and PSI.

RE: PSI needs to increase their project IEC component such as educational materials, awareness campaign, media. PSI need to multiply behavioral studies in order to increase condom use. Increase the decentralization of project activities, increase collaboration with MOH and other organizations. This has to continue because it will facilitate the implementation of the project.

Richard Green - USAID HPN Officer

A program like PSI’s need to be encouraged because other CS programs are like cookie cutters. As for condom sales, the objective has been met. Novelle is important because it will expand USAID mission FP programs. PSI will help the mission meet its objectives by Year 1. Biosel has been delayed by AID Washington. 250 health facilities and many pharmacies need Biosel. The country put a 5% surtax on all drugs i.e. their is a market for biosel.

I met with the Minister yesterday: He said Without the PSI SM project and the condom distribution they will be no AIDS program in the country. Cameroon is now the highest per condom per capita sale in Africa. The cost of a condom now without delivery cost has been reduced from 17 to 11 cents.

This is one of the project that could be sustained after USAID closing. This is the type of program that will be sustained. PSI is planning to create a local PVO and this will make it easier for PVO to sustain its activities. The local PVO could expand. The launch of Novelle will significantly increase USAID CYP targets.

Doing a baseline survey with standard questions was pretty silly. It was useless because now PSI has to do another survey to study the issues they are dealing with this is too inflexible. Three years maximum timeframe is also too inflexible.

Having an open market, firm backing from the MOH directors and full support of the mission. Pritech supported the social marketing project in ORS. USAID see this as an important program and it wants it to expand.

With a reduced cost to deliver services, AID/WA will find resources to finance program commodities. The goal is to reduce cost delivery within a certain amount of time. UNICEF and other local PVO participation will support the program.
USAID/WA took a year to clear Biosel. They were afraid want to cover themselves against a potential problem. The project was not a priority for AID/WA. They were unable to move on.

Here we have an impact in the country. 10-15% of condoms are given to high-risk groups. The project has a potential for long-term effect.

The project is important because it related to AIDS, FP, and CCD which was a good program run by pritech. The project is important for CYP - Child spacing.

5% of all AIDS cases are pediatric cases. These are the most important cases of AIDS. The material developed by PSI was effective, widely used, is varied, and the MOH uses it themselves. USAID supports the private sector involvement in the program. HR staff of the project are capable of carrying out the program.

The project strategy is based on strictly business rules and procedures. They are keeping the # and % of sales where they are. Because if they cannot collect the funds, and keep important business practices, the project will fail. Recovery cost is reasonable.

The MOH went down and visited the project. There is no AIDS program without condom social marketing. All PVO works with PSI to get their condoms. This is important otherwise AIDS prevalence will go up.

Sustainability: Increase efficiency in condom distributions and delivery. Reduce cost from 17 to 11 cents. Diversification of funding to ensure flow of monies. USAID provides the condoms, SM is needed to promote distribution. No country is now buying its own contraceptive. So we should not worry about cost of commodities. The creation of a local entity is a good option and viable option.

REC: look at long term effect, not short cycle.
DRAFT

Infant Survival Baseline Survey

BACKGROUND

In Cameroon, dehydration resulting from diarrhea is the largest killer of infants under 5 years of age. Diarrhea accounts for 27% of the deaths of children between 1 and 59 months. In a 1991 Cameroonian study, among infants less than 5 years of age, the incidence of diarrhea illness was 17.7% within the past 14 days and 8.3% within the last 7.4 hours.

Oral rehydration therapy is an inexpensive and effective treatment for diarrhea disease. The key elements of the curative approach for diarrhea diseases are the use of oral rehydration salts (ORS) for the treatment of dehydration, of ORS and other home fluids for the prevention of dehydration, continued feeding during the illness, and the rational use of anti-diarrhea drugs and antibiotics.

Population Services International (PSI), as part of its continuous efforts to provide essential products at affordable costs to the local population, plans to diversify its product line to include oral rehydration salts (ORS). ORS would be socially marketed under the name of BIOSEL. PSI estimates a demand for BIOSEL at 2,466,000 packets per year in Cameroon. Focus will be made on promotion and improved product delivery of oral rehydration salts as a major means of reducing infant mortality and morbidity due to diarrhea illness.

A study is required in order to best define marketing strategies, appropriate educational methods and effective delivery efforts to the target population.

OBJECTIVES

PSI Cameroon seeks to describe the incidence of diarrhea illness in children younger than 5 years of age, to determine the knowledge, attitudes and practices of mothers in treating diarrhea illness and to determine the knowledge level of oral rehydration salts. Secondary objectives include ascertaining the level and scope of family planning practices among women of child bearing age.

This study expects to contribute an indication of the level of awareness of mothers in the proper treatment of diarrhea illness and to use this information in developing educational and promotional services for oral rehydration salts and family planning practices.

METHODOLGY

In October of 1993, PSI Cameroon conducted a cross-sectional descriptive study on child survival and family planning. A sample survey was conducted with the target population being women of child-bearing age (15-69 years of age) with one or more infants less than five years of age. Four major cities of Cameroon including Douala, Yaoundé, Bafoussam and Maroua were chosen as study sites. These cities represent the socioeconomic, geographic and cultural scope of the target population.

A portion of this target population was selected using probability sampling allowing for unbiased and valid conclusions to be made about the population from which the sample was drawn. Sampling was multi-stage. Initially, an area probability sample was delineated using city districts or neighborhoods. Neighborhoods were systematically selected at random followed by a simple random sampling of households within each neighborhood. The number of neighborhoods/districts taken from each city was based on the population size of that city. Each neighborhood group contained 6 subjects (women of childbearing age with infants under 5 years of age with diarrhea). The number of districts for each representing city is as follows:

- Douala: 30 clusters
- Yaoundé: 24 clusters
- Bafoussam: 12 clusters
- Maroua: 10 clusters

Additionally, an observational component of the study was carried out in each city to determine the attitude, knowledge and practices of local PMI centers and pharmacists.

The data collection method was by interview. The survey instrument used was a standardized, pre-coded Questionnaire consisting of 17 predominantly multiple choice questions with several coded open-ended questions. The survey was divided into four parts: demographic information, diarrhea illness, knowledge of oral rehydration salts and family planning. The survey was pretested in two sites and revised. Verbal consent was obtained from respondents. Anonymity was maintained as only limited demographic variables were solicited.

Data collection was performed by interviewers recruited among university students in the social sciences and trained in data collection methods. Women interviewers were exclusively chosen in
order to develop trust and good rapport between interviewer and respondent therefore increasing compliance. Using women reduced possible resistance due to questionnaire subject matter and promoted an air of confidentiality.

Data input and analysis were performed using EpiInfo version 5.0.
RESULTATS SOMMAIRES

I - CARACTERISTIQUES SOCIOCÉDÉMOGRAPHIQUES DE L'ÉCHANTILLON

I.1 Villes et groupes d'âges

La présentation de l'échantillon des personnes enquêtées s'est faite en fonction de taille des grappes par ville. De par leur importance démographique, les villes de Douala et de Yaoundé regorgent respectivement 37,5% et 35,8% (30 et 24 grappes chacune) alors que Bafoussam et Maroua n'en disposeront que 13,8% et 13,1% l'une et l'autre (12 et 10 grappes).

Les groupes d'âges les plus présents sont ceux allant de 21 à 35 ans. Ils représentent les 3/4 de l'échantillon. Ceci se justifie puisqu'ils comportent le plus grand nombre de femmes qui peuvent avoir facilement des enfants de moins de 5 ans.

I.2 Éducation et religion

Près de 2/3 des femmes ont atteint le niveau du secondaire. Celles qui n'ont jamais été à l'école représentent 16,3% et les lettres, 11 lettres 15,7%. Seulement 6,3% ont atteint le niveau du supérieur.

La religion chrétienne domine largement avec 72,2% suivi de l'Islam avec 16,3%. L'animisme et les autres religions sont rarement évoqués.

I.3 Statut matrimonial et profession

Près des 2/3 des femmes sont mariées dont 44,2% monogames et 18,1% polygames. Les célibataires et les concubines représentent respectivement 23,8% et 11,6% tandis que les divorcées et les veuves sont très insignifiants.

Sur le plan professionnel, les femmes sont en général des ménagères sans emploi rémunéré; cette situation crée une relation de dépendance économique totale vis-à-vis de leurs conjoints. Cette catégorie est très importante et représente 76,8% (n=428). celles qui exercent un emploi salarial ou une profession libérale représentent 21,2% (soit 10,6% par catégorie).

II - CONNAISSANCE DE LA DIARRHÉE

II.1 Épisode diarrhéique et alimentation de l'enfant

Les femmes interrogées sont généralement entre 1 et 9 enfants avec une moyenne arithmétique de 2 enfants. 1,3% (n=7) d'entre elles sont sans enfants mais vivent avec des enfants âgés entre 0 et 5 ans.
La totalité des femmes (80,9%) reconnaissent avoir fait face à un enfant ayant un épisode diarrhéique. Les cas les plus évoqués sont survenus au moins un mois (53,1%) ou au cours des 30 derniers jours (11,1%) avant l'enquête. Certains cas, non moins importants (16,5%) ont eu lieu au cours des sept derniers jours précédant l'enquête. L'âge moyen des enfants les plus épurés est de 25 mois, même si ceux appartenant à la tranche d'âges de 13-18 ans en représentent près d'un tiers (27,4%).

S'insrant le témoignage des mères d'enfants, respectivement 49% et 44,2% d'enfants étaient nourris au sein avant et pendant les diarrhées. Plus de la moitié des enfants avaient régulièrement une alimentation solide associée ou non au sein. Cette alimentation a été maintenue dans 48,8% de cas et augmentée dans 9,8%. Cette situation s'explique par le fait que certaines femmes pensent que l'alimentation liquide peut favoriser ou faire persister la diarrhée alors que l'alimentation solide peut susciter l'arrêt des selles liées.

II.2 Ces démarches thérapeutiques.
Elles sont diverses suivant les habitudes, les niveaux de connaissances et de régions. Elles sont suivies de manière isolée ou associée suivant la gravité de la maladie, les conseils reçus et la gamme de produits disponibles. Dans les zones rurales ou semi-rurales, les mères d'enfants sont plus habituées aux recettes traditionnelles généralement d'orientations phytothérapeutiques. Dans les zones urbaines, les Sais de Rehydratation par voie Orale (SRO) et les autres techniques modernes sont de plus en plus utilisées. Les femmes sont en général sensibilisées sur la nécessité de donner de l'eau à l'enfant pendant la diarrhée même si la notion de déshydratation est relevée au second plan, l'accent étant focalisé sur la diarrhée. De manière globale, les pratiques thérapeutiques les plus utilisées s'expriment de la manière ci-après:

<table>
<thead>
<tr>
<th>PRINCIPALES PRATIQUES THÉRAPEUTIQUES UTILISÉES</th>
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</thead>
<tbody>
<tr>
<td><strong>Eau</strong></td>
</tr>
<tr>
<td>SRO</td>
</tr>
<tr>
<td>Médicaments</td>
</tr>
<tr>
<td>sss</td>
</tr>
<tr>
<td>TRO</td>
</tr>
<tr>
<td>Autres</td>
</tr>
</tbody>
</table>
La SRO est utilisée dans 48% des cas. 29,5% des femmes la font immédiatement après les premiers signes de la diarrhée. 34,1% la font 1 jour après et 34,6% plus de deux jours après les premiers signes de la diarrhée. Une très grande proportion de femmes (47,7%) continuent à utiliser les médicaments et les antibiotiques en cas de diarrhée même si 92,3% estiment que la diarrhée est très dangereuse ou dangereuse pour l'enfant. Les médicaments et/ou les antibiotiques utilisés sont: l'Actapulgite, l'Intetrix, le Bactrim fort, Capso, l'Ercefuryl, le Flagyl, le Nifluril et parfois les vermi fuges.

II.3 Connaissance des symptômes.

Tous les signes de la diarrhée ne sont pas assez évoqués par les femmes. Ils sont généralement cités de façon partielle et dissociée. Les plus importantes sont les selles fréquentes et/ou liquides (65,1%), la faiblesse et la fatigue (14%) et la fièvre (6,3%). La bouche sèche, les yeux enfoncés, le sang dans les selles et la diminution de la quantité d'urines sont très peu cités.

III - CONNAISSANCE DES SRO

La plupart des femmes reconnaissent le sachet du sel de rehydratation par voie orale. Seulement 34,2% en ont exprimé une indifférence parmi lesquelles 22,5% qui déclarent d'ailleurs avoir entendu parler de ce nom. Les structures médicales sont généralement les plus citées comme canaux d'information à propos des SRO. Elles représentent 70,9% des cas dont 42,6% pour les centres de santé généraux, 23,3% pour les centres de Prévention Maternelle et Infantile (PMI) et 55 pour les pharmacies. Les canaux d'information ordinaires (télé et radio) n'en représentent que 10,2%.

III.I Approvisionnement et utilisation des SRO

Les lieux d'approvisionnement en SRO sont les pharmacies privées (38,6%), les centres de santé généraux (25,5%), les centres de Prévention Maternelle et Infantile (24,3%) et les cabinets de médecins. Les lieux d'approvisionnement souhaités ne sont pas très différents de ceux auxquels les femmes sont habituées. Plus de la moitié (55,4%) souhaitent les trouver dans les structures médicales officielles (hôpitaux, pharmacies, PMI), 21,6% souhaitent les acheter dans les boutiques de quartier ou au marché.

Clans 64% des cas, l'approvisionnement se fait par don et non par achat.

Les 3/4 des femmes qui connaissent la solution de rehydratation par voie orale déclarent l'avoir administrée au moins une fois à leurs enfants en cas de diarrhée.
I.2 Les marques les plus utilisées et les prix.

Les marques les plus utilisées sont: UNICEF (71%), CREAT (5,9%) GES 54 (1%) BEAUFOR (0,3%). Le prix moyen d'un sachet de SRO est de 75F CFA avec des extrêmes de 50 à 999 FCFA.

Moins de la moitié des femmes (45%) trouvent ces prix acceptables, 24% les trouvent chers et 25% moins chers.

IV. LE PLANNING FAMILIAL

Très peu de femmes (10,2%) étaient en train d'attendre un enfant où moment de l'enquête parmi lesquelles 31,4% de grossesses indésirées.

Le nombre moyen, des grossesses déclarées par femme au tours des cinq dernières années est de 2 avec des valeurs extrêmes allant de 0 à 6. Près de la moitié (49,6%) des femmes disent avoir utilisé un moyen cant réceptif au cours des trois derniers mois.

Au total, seulement 31,1% de celles-ci dont 18,4% des femmes en union ont déclaré avoir utilisé une méthode moderne. On constate donc que les méthodes modernes n'ont pas toujours été envisagées en première intention.

Les pratiques les plus évoquées sont:

<table>
<thead>
<tr>
<th>Pratique</th>
<th>%</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Absence/Contenance</td>
<td>56,5%</td>
<td>156</td>
</tr>
<tr>
<td>Pilules</td>
<td>21,4%</td>
<td>53</td>
</tr>
<tr>
<td>Condom</td>
<td>12,7%</td>
<td>35</td>
</tr>
<tr>
<td>Méthodes traditionnelles</td>
<td>2,9%</td>
<td>8</td>
</tr>
<tr>
<td>OIU</td>
<td>2,9%</td>
<td>8</td>
</tr>
<tr>
<td>Retrait</td>
<td>1,4%</td>
<td>4</td>
</tr>
<tr>
<td>Stérilisation feminine</td>
<td>0,7%</td>
<td>2</td>
</tr>
<tr>
<td>Injection</td>
<td>1,1%</td>
<td>2</td>
</tr>
<tr>
<td>Diaphragme/Gellé/Mousse</td>
<td>0,4%</td>
<td>1</td>
</tr>
<tr>
<td>Norplant</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Les maraîches de pilules les plus utilisées sont:

<table>
<thead>
<tr>
<th>Pratique</th>
<th>%</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Miniphase</td>
<td>10,6%</td>
<td></td>
</tr>
<tr>
<td>Adéolari</td>
<td>5,3%</td>
<td></td>
</tr>
<tr>
<td>Stédirol 1</td>
<td>3,2%</td>
<td></td>
</tr>
<tr>
<td>Trelila</td>
<td>4,3%</td>
<td></td>
</tr>
</tbody>
</table>

2) La proportion des femmes (21,4%) qui ont déclaré être en train de consommer les pilules au moment de l'enquête est nettement supérieure à celle de l'Enquête Démographique et de Santé qui est de 6,3% ; BALEPA M.; Décembre 1992.

3) En plus du pourcentage des Femmes ayant utilisé les condoms comme moyen cant réceptif, 5% d'autres les ont utilisés pour se protéger contre les MST.
**Les marques de condoms les plus réguliers sont:**

<table>
<thead>
<tr>
<th>Marque</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prudence</td>
<td>20,2%</td>
</tr>
<tr>
<td>Innotex</td>
<td>3,2%</td>
</tr>
<tr>
<td>Promesse</td>
<td>2,1%</td>
</tr>
<tr>
<td>Supratex</td>
<td>2,1%</td>
</tr>
<tr>
<td>Manix</td>
<td>2,1%</td>
</tr>
<tr>
<td>Pharmat ex</td>
<td>1,1%</td>
</tr>
</tbody>
</table>

Sans plus de la moitié des cas (57%), l'utilisation d'une méthode contraceptive est suggérée par le partenaire masculin. L'homme joue ainsi un rôle fondamental au niveau de la prise de décision de la planification des naissances et de la méthode à utiliser. La proposition de l'utilisation du condom par exemple par une femme est considérée non seulement comme une preuve d'appui à l'infidélité mais aussi comme un motif de divorce.

Les lieux d'approvisionnement les plus cités sont les pharmacies, (78,8%), les boutiques et les marchés (15,5%).
RAPPORT TEST DE CONDITIONNEMENT ET DE PRIX DE VENTE DE "BIOSEL"

Sept 92

OBJECTIFS:
- Trouver un modèle de conditionnement adapté pour la distribution d'une solution de rehydratation par voie orale ("BIOSEL")
- Déterminer le prix de vente d'un sachet de "BIOSEL"

MÉTHODOLOGIE
La collecte des données s'est faite à l'aide d'enquêteurs dans les domiciles et les PMI par le biais d'un questionnaire.

Echantillon: 100 femmes, toutes mères d'enfants âgées entre 0 et 5 ans.

Matériel support: BIOSEL conditionné en quatre modèles différents:
- A: Un sachet de BIOSEL tout seul
- B: Deux sachets de BIOSEL liés
- C: Deux sachets de BIOSEL dans un ziplock avec notice d'explication
- D: Quatre sachets de BIOSEL dans un ziplock avec notice d'explication

RÉSULTATS
1) MODÈLE CHOIX
Parmi les 100 mères d'enfants interrogées, 34% ont porté leur choix sur le modèle "C" (deux sachets de BIOSEL dans un ziplock avec notice d'explication). Ensuite viennent respectivement les modèles "B" et "D" qui font l'objet du deuxième choix (23% pour chacun), et enfin le modèle "A" (20%).

En général, les modèles avec ziplock sont largement préférés (57%) à cause de l'emballage qui stipule une marge de sécurité confiante (17%) et de la notice qui rassure les usagers (25%).

Dans le même ordre d'idée, 72% de mères d'enfants estiment que les modèles avec le ziplock peuvent couvrir qualitativement plus cher que les autres modèles avec lesquels ils ont quantitativement la même valeur. Ceci s'explique par le "triplerôle de protection, de sécurité et d'esthétique".

2) MOYENS D'OBTENTION DES SRO
La SRO est largement connue par les mères d'enfants. 68% d'entre elles déclarent en avoir déjà entendu parler. Mais seulement 30% l'ont déjà utilisé. 62% l'ont obtenue de façon gratuite. Les achats sont rares et ne sauf initialement après consultation d'un médecin ou d'un pharmacien et rarement sur la propre initiative de la mère.
J) PRIX DE VENTE SOUHAITÉS
Les prix sont instables, ils varient suivant le conditionnement du
produit. Les prix proposés sont légèrement plus élevés selon que
BIOSEL est emballé dans un ziplock ou non. Suivant les différents
conditionnements, le prix idéal d'un sachet varie entre 60 et 90
francs.

De façon plus précise, les prix se présentent comme suit:

4 sachets 'BIOSEL' embollés dans un ziplock:
   marge de prix acceptable: 190 - 280 FCFA
   prix idéal: 245 FCFA

2 sachets 'BIOSEL' emballés dans un ziplock:
   marge de prix acceptable: 120 - 200 FCFA
   prix idéal: 180 FCFA

2 sachets 'BIOSEL' au détail:
   marge de prix acceptable: 120 - 200 FCFA
   prix idéal: 160 FCFA

Pour méthode de détermination de ces prix, cf. graphes annexes.
2 sachets "BIOSEL" seuls et lies

prix acceptable 120 - 200 FCFA

% cumulatif

prix en FCFA

trop bon marché  
bon marché  
cher  
trop cher
2 sachets "BIOSEL" emb. dans un zipock

prix acceptable 120 - 200 FCFA

Meilleur prix
4 sachets 'BIOSEL' emb. dans 1 ziplock

Marge de prix acceptable: 190 - 280

Meilleur prix: 245 fcfa